

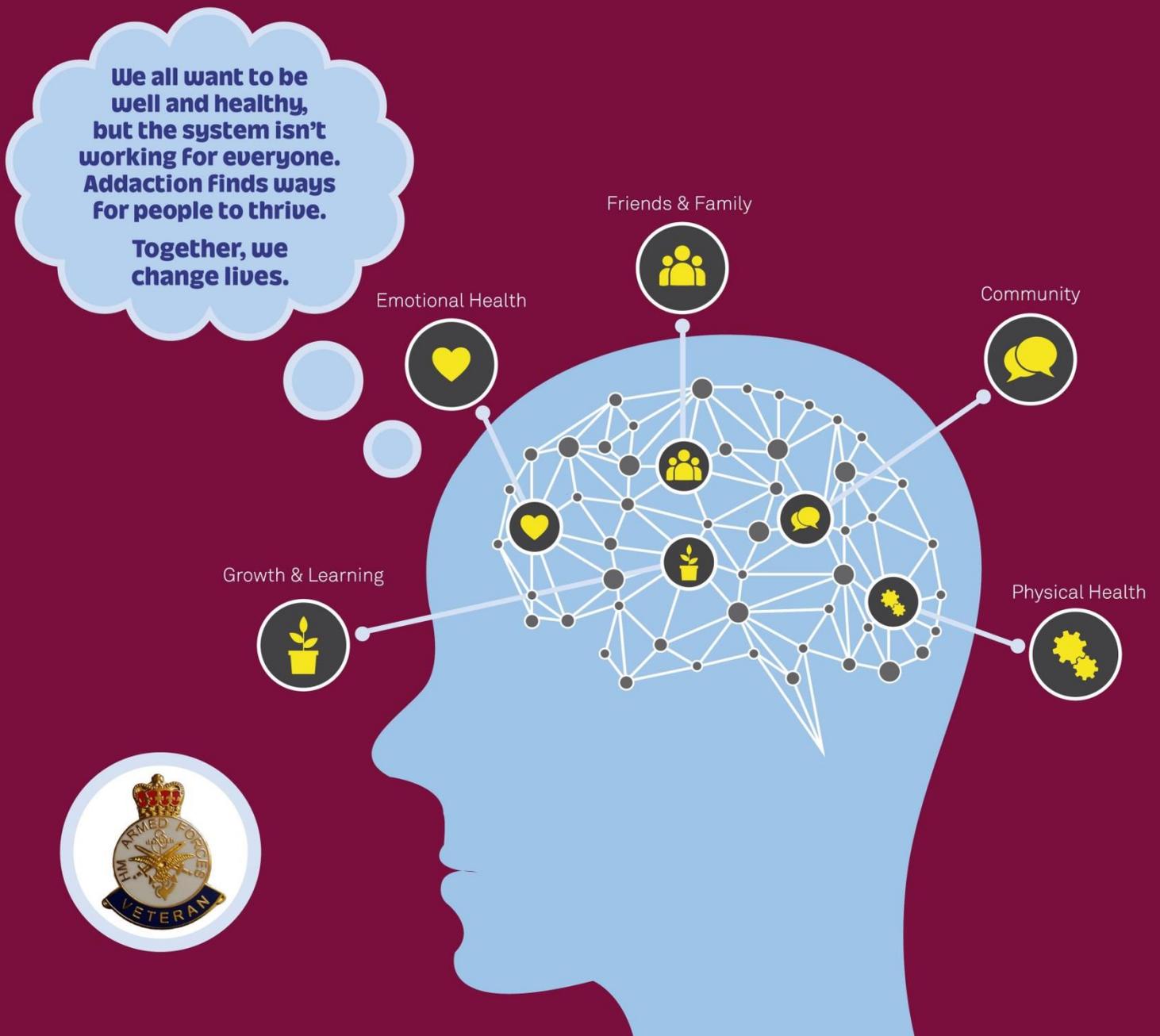
"It's not just about recovery"

The Right Turn Veteran-Specific Recovery Service Evaluation

Final Report

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Acknowledgements

Thank you to all the ex-service personnel who engaged so openly and enthusiastically with the Right Turn evaluation activities. Our appreciation must also be expressed to the Addaction staff supporting veterans in their recovery, operating from the Right Turn delivery sites. We would also like to thank the Right Turn evaluation steering group members for their ongoing support throughout the evaluation process. We would also like to express our appreciation to Forces in Mind and HEINEKEN UK for supporting and funding these projects.

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During the writing of this report, we are conscious of the two veterans who passed away during this study. SMM97% and JAM died prematurely at 58 and 49 years of age respectively from the ravages of prolonged substance abuse, despite a period of recent abstinence with support from the Right Turn project. A fitting memorial will be to ensure that military veterans are encouraged to access appropriate help sooner by acknowledging the difficulties many veterans face in both integrating into civilian society and accessing the most appropriate support services.

Institutional details:

The Helena Kennedy Centre for International Justice (HKCIJ)

The HKCIJ is a leading centre for social justice and human rights. It provides a vibrant environment at the cutting edge of legal and criminal justice practice, championing human rights and social justice. The centre is home to a range of social justice and human rights activities that include:

- innovation in teaching and education
- research and scholarship work
- international projects
- impact on policy
- professional training and advocacy

Its central values are those of widening access to justice and education, the promotion of human rights, ethics in legal practice, equality and a respect for human dignity in overcoming social injustice. This report is a part of our commitment to evidencing effective community reintegration of marginalised and vulnerable populations, to challenge stigma and exclusion, and to enable people in recovery to fulfil their potential and to be active members of their families and communities.

The logo for Addaction, featuring the word "addaction" in a bold, sans-serif font. The "add" is in yellow and "action" is in white, all set against a dark grey rectangular background.

Addaction

Addaction is a national charity running services for people of all ages and backgrounds affected by drugs and alcohol. Last year, we helped around 70,000 people at 120 locations in England and Scotland. In 2015, Addaction merged with KCA – a respected charity working across Kent and South East England. Together, our shared ambition is to become the leader in evidence-based recovery services in both substance misuse and mental health. We aim to radically improve treatment and outcomes for our service users and their families, so that they can rebuild their lives and reach their full potential.



The Forces in Mind Trust

The aim of the Forces in Mind Trust is to promote the successful transition of Armed Forces personnel, and their families, into civilian life. The Forces in Mind Trust operates to provide an evidence base that will influence and underpin policy making and service delivery in order to enable ex-Service personnel and their families to lead successful civilian lives.

Each year approximately 17,000 people leave the UK Armed Forces and for the vast majority they transition successfully into the civilian world, their lives having been enormously enriched by their time in service. However, some need additional support, and it is these most vulnerable people that Forces in Mind Trust exists to help.

Founded in January 2012 by a £35 million Big Lottery Fund 20-year endowment, Forces in Mind Trust awards grants and commission's research, coordinates the efforts of others, and supports projects that deliver long-term solutions to the challenges faced by ex-Service personnel. For more details, see the web page: <http://www.fim-trust.org/>.



HEINEKEN UK is the leading UK cider, beer and pub business and the name behind iconic drinks brands such as Strongbow, Bulmers, Heineken®, Foster's and Kronenbourg 1664. The company employs around 2,000 people in the UK.

Sustainability is part of the way HEINEKEN UK does business and their sustainability strategy, 'Brewing a Better World' is a company priority which sets 'Advocating Responsible Consumption' and 'Growing with Communities' as one of the six sustainability issues they focus on.

In advocating responsible consumption, the company takes action in a number of areas, including the responsible marketing and advertising of their beers and ciders, innovating in the categories of low and no alcohol, and using their brands to make moderate consumption aspirational amongst their consumers.

HEINEKEN UK is a major funder of the Drinkaware Trust, an independent alcohol education charity and co-founded the Portman Group, a self-regulatory organisation for responsible alcohol promotion.

HEINEKEN UK has worked in partnership with Addaction since 2005, supporting new and innovative projects which aim to directly tackle and reduce the harm caused by alcohol abuse.

Foreword



There can be no greater failure of transition than to end up with premature death. Sadly, for those who suffer from years of alcohol and other substance misuse, this can be the final outcome. Understanding the causes of such abuse, and how to remove or overcome them, are key and missing parts of our understanding of the journey a Service person makes as they move into civilian life.

It is worth stating, and it always is, that the vast majority of the 17,000 Armed Forces personnel that leave the military each year transition successfully, their lives in service having been fulfilled and in many cases positively enriched. A great deal of assistance is offered to those leaving the Armed Forces, through Government departments, businesses, the third sector and Society more broadly. However, and for many complex and often inter-dependent reasons, some Service leavers struggle to make that successful transition and enter a potentially catastrophic downward spiral of alcohol (predominantly) and other substance abuse.

In funding any project, whether it be academic research or pilot project evaluation, Forces in Mind Trust always asks two fundamental questions: are veterans any different to the rest of the population both in their conditions and in how they develop them; and do services supporting their needs have to be different to those for the general population? If the answer to both is a resounding 'No', then it is a waste of precious resources within the military charities sector to fund specialist provision that could be delivered by the considerably larger 'civilian' sector. Providing evidence, not apocrypha, is the main function of the Trust, and this explains why the evaluation of Addaction's Right Turn initiative has been such an important project for us.

Naturally we are pleased that the project has been shown to have had a positive impact on the cohort passing through it, but in truth the hard work starts now. How can we universally apply the 'strengths-based' approach and build on the concept of 'military veteran citizenship'? How can we secure the sustainable delivery of veteran-specific programmes such as Right Turn? You will not find the answers to these questions here – but you will certainly learn why they should be considered and I thoroughly commend this Report to you.

Finally, perhaps even for another day, how do we, and even can we, eliminate the need for services such as Addaction's Right Turn in the first place? It is a cliché, and it is trite: but it is certainly also true that prevention is far better than cure.

A handwritten signature in black ink that reads "Ray Lock". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Air Vice-Marshal Ray Lock CBE - Chief Executive, Forces in Mind Trust

Executive summary

Each year roughly 17,000 people leave the UK Armed Forces and the vast majority make a successful transition into civilian society. A small but increasing number of ex-forces personnel however experience poor physical and mental health, substance misuse and/or come into contact with the criminal justice sector. Poor transition is estimated to have cost the UK £98 million in 2015 alone.

Addaction's Right Turn initiative is a pioneering project operating on the premise that the comradeship and mutual resilience underpinning military life can be re-directed to support recovery from addictions and desistance from crime journeys. The project utilises a model of peer support and assertive linkage facilitating engagement in meaningful social and community activities for veterans. We present the findings from the first ever study investigating the experiences of a small sample of UK veterans as they progress through this veteran-specific recovery project.

Methods

As the veteran cohort is a relatively new population area for evaluation research, this study is underpinned by the social identity theory framework, from which cohort relevant instruments and an integrated mixed methods approach were developed. The repeat data collection instruments designed include: a quantitative survey; qualitative episodic interviews; social identity mapping workshops; participative evaluation workshops; and an analysis of matched control groups' data. Base-line collection of data took place in 2015 and follow-up in 2016 with a total sample of 23 veterans.

Key messages

The three clear messages to policy-makers and practitioners working with veterans, from this evaluation research findings are:

- Veterans are more likely both to access and respond well to veteran-specific services in the first instance; this removes many of the common barriers to their engagement in services
- Consideration and valuing of the military identity in transition facilitates veterans' recognition of their own resilience, their own individual resources and their value to both veteran and civilian communities alike
- An holistic approach to supporting veterans can reduce the likelihood of: criminal justice contact; substance misuse; and further deterioration in mental and physical health; as well as addressing practical day-to-day issues, including social exclusion and emotional isolation

Key findings

On the basis of the sample data we observe the following positive impacts of project engagement for veterans of this target community specific delivery model in the:

Acknowledgement and building on of a military history

- 61% reported an improved sense of self-esteem/respect due to the recognition of their military service
- 83% of veterans cited the veteran-specific project element as both motivating initial recruitment and ensuring their commitment to continued attendance

- 83% of the sample describe the Right Turn project operating as a forum in which their military-conditioned-responses were both challenged and changed, e.g. not: communicating distress; asking for help; and talking about strong emotions.

Facilitation of social integration and increasing civic participation

- 96% of the veteran sample reported a renewed sense of belonging, which has facilitated a re-orientation and re-conciliation within civilian society - evident in 70% of the sample
- When compared to the comparator matched sample data, the Right Turn group have relatively better physical and psychological health outcomes; veterans in the comparison sample not accessing the project experience significant deterioration in these outcomes
- Initial military identification reportedly plays a significant role alongside increased self-efficacy, facilitating a platform for trust and inspiring other veterans into, and through, their recovery and desistance journeys.

Significant behaviour change identified

- Of those with a history of contact with the criminal justice system, all reported no further criminal justice contact since joining the project
- Of the 39% of veterans in active addiction when joining the project, all gained addiction recovery status; the remaining 68% successfully maintained their existing recovery status.

Improvements in social participation and family relationships

- Two thirds of the veterans in the sample (65%) have subsequently undertaken further education and training opportunities and are now engaged in voluntary work or paid employment
- Project engagement facilitates significant reductions in social isolation; all participants reported wider social network contact and/or engagement in community activities
- 78% of veterans in the sample reported significant improvements in their relationships with family members since joining the project

Emergence of positive personal and social narratives

- 65% of veterans reported an increased sense of security and confidence in their management of practical, day-to-day matters, e.g. accommodation and finances
- Of the sample, 86% reported an improved sense of purpose and direction in life, alongside feeling more confident about achieving their life goals
- It is reported that the project provides a safe space where the awakening of hope and a more future orientated 'military veteran citizenship identity' can emerge

Key conclusions

The Right Turn veteran-specific project provides a culturally competent, holistic, collective identity-based pathway into support services for veterans. The positive impacts of this approach are demonstrated in full in the main findings report. This project is shown to deliver improvements in individual veterans' functioning and wellbeing and increases this cohort's social and community capital, thus aiding veteran integration into the local community and wider civilian society. This identity pathway delivery model operates throughout veterans' recovery journeys: as an attractor into support services; in enhancing their reciprocal commitment to continued engagement; and in

facilitating the emergence of a transformed, but coherent and motivational, military veteran citizenship.

Key implications

Even after extended periods of time since leaving forces life, veterans face challenges in civilian society. However, given the appropriate support services, veterans can, not only address a history of substance misuse and criminal justice contact, but go on to become valuable community assets. The veterans in this study, through embracing an active military veteran citizenship, are also embracing their opportunities to contribute to their local civilian community and to raising and affirming the profile of the wider Armed Forces community in the UK.

The implicit strengths of the veteran community include comradeship and the mutual resilience which underpins military life. Support services which take a strengths-based - as opposed to deficit-based - and culturally competent approach to military identity must build on this veteran mutuality. The Right Turn model operates by re-awakening identification with *positive* military related traits, which empower and validate the transition environment to the benefit of veterans, their families, communities and wider UK society.

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Section 1: Context and theoretical framework development

Each year roughly 17,000 people leave the UK Armed Forces (Ministry of Defence 2016) and the vast majority transition successfully into civilian society. However, it is being increasingly recognised that a small but significant number of veterans are facing often a combination of transitionally-linked challenges, such as experiencing physical and mental health issues, substance misuse and coming into contact with the criminal justice sector. It has been estimated that the symptoms of poor transition from military service into civilian life cost the UK £98 million in 2015 alone (Forces in Mind Trust 2013, p 7). The treatment or management of the symptoms of poor transition include - in declining proportion of cost as: alcohol misuse; mental health; unemployment; family breakdown; homelessness and; prison costs. This figure does not include estimation of the potential care needs of service leaver dependants (see Diehle and Greenburg 2015). There is also growing evidence that this range of issues only comes to the attention of statutory services many years after veterans have left the Armed Forces (NHS England 2015; Bashford et al. 2015; Combat Stress 2015; Howard League 2011; Albertson et al. 2015).

1.1 Research context

While the UK media has focused on professionally diagnosed issues the reality is that the most common problems experienced on leaving military service are alcohol disorders, depression and adjustment disorders, in that order of prevalence (Murphy et al. 2008; Iverson et al. 2009; Verrall 2011; Aquirre et al. 2013). Recent studies have focussed on potential links between ex-military service history and criminal activity, evidenced by ex-forces incarceration rates (Howard League 2011) and veterans' predominantly violent offence profile (MacManus et al, 2013). Further cohort-specific issues have also been identified, when compared to the general population: higher rates of unemployment and redundancy (Hopkins 2013); higher rates of suicide (Kapur et al. 2009); greater alcohol usage (Taft et al. 2007); and seemingly ever increasing rates of mental health issues (Fear et al. 2007; Pinder et al. 2011). We are also being increasingly made aware of specifically problematic help seeking behaviours due to stigma-related issues from former military personnel cohorts (Gould et al. 2010; Greenberg et al. 2003; Iverson et al. 2011; Ministry of Justice 2012; NHS England 2015).

The issue of how such experience affects service men and women, and how they are treated by society at large has become a highly politicised matter (e.g. see Mumford 2012). From within the policy arena there is an increasing acknowledgement of the ways in which a history of military service might impact on integration back in to civilian society (Kelly 2014). Most notably, these concerns have been enshrined in the Armed Forces Covenant priorities (Armed Forces Act 2011;

Gov.UK 2015). These initiatives have however been recently identified as being implemented inconsistently (Forces in Mind Trust and Local Government Association 2016). One of the many issues facing policy makers wanting to design appropriate responses is the difficulty of understanding the extent of the local Armed Forces Community, due to lack of useful and robust data which hinders strategic action (Murrison 2010; Iverson et al. 2005). Likewise, data on the various dimensions of former Armed Forces personnel's needs is scarce, particularly from a year or more post-service life (Dandecker et al. 2006). This situation is compounded by the lack of research evidence available regarding how poor transition outcomes can influence each other (Forces in Mind Trust 2013).

1.2 Responses to the veteran cohort

The number of voluntary sector agencies delivering support to veterans in the UK, both in prison and the community, has increased to over 2000 (Howard League 2011; James and Woods 2010). Notably however a recent report highlighted that veterans largely remain unaware of the resources available to them (Kelly 2014, p 4). This may be taken as evidence of a lack of co-ordination and signposting for these services, yet there is some evidence that the veteran cohort suffers additional stigma and that most service personnel were more likely to turn to their own informal social networks for support (Greenburg et al. 2003).

While the health and welfare of veterans is currently the subject of extensive study (see Bashford et al. 2015; Murrison 2010), and pertinent to the following evaluation research project design, there is an apparent lack of clarity around the most effective intervention model within which to address veteran cohort needs. This debate is hindered by the lack of research with which to inform commissioners on the most effective support delivery selection, between meeting veterans' needs within existing generic public sector provision or through the provision of veteran-specific services. While anecdotal evidence suggests that veterans do not generally tend to access mainstream support services, a recent report cited significant barriers to veterans accessing mainstream services, such as experiencing difficulties in sharing emotions in civilian therapy groups and that mainstream services often demonstrate an unhelpful lack of understanding of military culture (Forces in Mind Trust and NHS England and Community Innovations Enterprise 2015).

1.3 Theoretical framework development

While it is widely acknowledged that the addiction recovery experiences of military veterans remain under investigated (Laudet et al. 2014), even less research has examined the social identity consequences of a history of military service on veterans in contact with addictions and criminal

justice services. Further, previous research on military veterans has generally ignored how distinct processes of social group identification impact on veterans' help-seeking behaviour and subsequent interactions in civilian life (Hipes et al. 2014). However, these issues are increasingly beginning to be acknowledged, as for example the notion of 'Veteranality' has been proposed- i.e. how veterans caught up in the criminal justice system are subject to practitioners' pre-conceived perceptions of risk around veteran identity, which are then mobilised into differential criminal justice practice (see Murray 2013, p 20). More broadly however, the importance of relational issues and identity processes as both protectors and supporters of desistance from crime are increasingly being recognised (Weaver 2012). While the impact of social identity processes in recovery from addictions are increasingly being shown to be important (Best et al. 2016b) a further growing body of research asserts that both social networks and identities have a profound impact on both mental and physical health (Jetten et al. 2014).

The Right Turn project therefore provides an opportunity to explore the multi-layered identity processes experienced by a UK cohort engaging in a new, veteran-specific recovery service in detail. As interest in the study of both recovery and desistance has grown, the focus is increasingly being drawn towards studying the needs of particular groups and communities. These issues therefore are pertinent to both the theoretical development and design of this evaluation of the recovery trajectories of the Right Turn veteran group. As a relatively new area for evaluation research development, this study is grounded in an established theoretical framework, which is summarised below from which an innovative, cohort relevant and mixed methods approach to this study was developed.

1.4 Social identity theory

Social identity theory is predicated on the premise that one's identity is significant in that it is in part derived from the social networks one belongs to (Tajfel and Turner 1970). However, the social identity perspective also recognises that social network membership can operate as either preventing or promoting both the onset recovery from addictions or desistance from criminal activity. In other words, one's social network can either provide an opportunity to mobilise group norms and values to bear on promoting active recovery (Moos 2007; Rumgay 2004) or as challenging it. For example, social network identities formed around abusing substances or criminal activity can prove much less helpful to recovery efforts (Dingle et al. 2014; Wainwright et al. 2016). Work with desisting offender identity has likewise demonstrated that joining social networks with reciprocal obligations is key (Maruna 2011; McNeill et al. 2012; Weaver and McNeill 2014). These issues highlight the importance of this study incorporating an assessment of veterans accessing both

professional treatment and social and community networks which may support this cohorts' journey to desistance from addictions and criminal activity.

1.4.1 Social identity related pathways out of addiction

The social membership ideas sketched out above are clearly relevant to this evaluation study design, as approaching the evaluation from this perspective asserts that moving from identification with substance using to non-substance using group identification is significant to successful recovery (see Best et al. 2016a; Buckingham et al. 2013; Dingle et al. 2015). This is particularly relevant given that this cohort's social identification with groups engaging in alcohol consumption and criminal behaviour may be viewed in accordance with group values that were cultivated during military service (see Caddick et al. 2015, p 97; Wainwright et al. 2016). Exploring the contours of the Right Turn cohort's social identification over the course of their engagement is therefore an important feature of this evaluation, relating directly to the veteran-specific model utilised in the Right Turn project. The key notion here is that while gaining a recovery and desistance status may be a necessary condition for life improvement, as Dingle et al. 2015 highlight, those in recovery also require a social identity built around cessation, which supports successful outcomes (also see Buckingham et al. 2013).

To date, the persistence of identification with military identity, many years after leaving forces life, has been identified as ostensibly un-problematic in service leavers (notably with no contact with welfare, addictions or criminal justice services), from the US Air Force (Yanos 2004) those retiring from the forces into US civilian life (Walpert 2000) and from the UK - a study of former Army, Navy and RAF veterans living in the city of Plymouth (Herman and Yarwood 2014). Issues of military to civilian identity transition have more recently however been framed by the apparent increase in challenges this group may face (as noted in 1.1; 1.2 of this report). However, any adaptation and socio-cultural change experienced by those leaving the UK Armed Forces has been generally assumed, having received little in the way of a qualitative research work conducted which could effectively explore these transformational processes (see the work of Emma Murray, James Treadwell and Ross McGarry for exception). With regard to this Right Turn recovery specific cohort however, qualitative identity-related pathways into and out of addiction (for a non-veteran treatment sample) have recently been proposed by Dingle et al. 2015, thus providing the rationale for the inclusion of a significant qualitative research component in this evaluation study design.

1.5 Incorporating relational aspects of desistance and recovery

Incorporating the importance of social and community networks in recovery journeys into the evaluation study requires this design is underpinned by two vital theoretical constructs: Recovery capital and Therapeutic landscapes of recovery. Both these constructs are significant to the evaluation research design rationale, and are directly linked to two further theoretically linked concepts essential to ensuring the data collection methodology detailed in the next section is explicit: Social Network Mapping and Assertive-linkage, also defined here.

1.5.1 Recovery capital

Originating in Bourdieu's concepts of field, habitus and capital (Bourdieu and Wacquant 1992), the concept of recovery capital (Granfield and Cloud 1999; 2001), signifies the importance of the capital or the assets of those in recovery. Recovery capital refers to four sets of resources: personal, physical, cultural and social. This includes material possessions, personal skills and capabilities, support and friendship networks, and community resources (Granfield and Cloud 1999). This strengths-based model is now used to underpin the measurement of recovery resources and skills, particularly in instruments such as the Assessment of Recovery Capital (Groshkova et al. 2012), which uses strengths and not pathologies to predict effective long-term recovery and desistance.

1.5.2 Therapeutic landscapes of recovery

The second core conceptual construct involves the incorporation of therapeutic landscapes of recovery (Williams 1999; cf. Wilton and DeVerteuil 2006) into the evaluation research design, as acknowledging the importance of the assets and resources embedded in one's wider local community. The concept of therapeutic landscape of recovery refers to the accessibility of community-based recovery assets to those in recovery, which includes spaces, places, social settings and the wider community in which one resides.

Directly related to the two vital theoretical constructs concepts outlined above, the clarification of two further theoretically informed conceptual aspects impacting on the evaluation design are clarified here:

1.5.3 Social network and social identity mapping

The majority of studies of drug and alcohol treatment outcomes focus on individual change, with only limited attention to treatment factors and very little consideration of the context in which change may occur. It is more recently being asserted that recovery and desistance are associated with social factors, primarily the transition from a network supportive of criminal activity and substance misuse to one supportive of desistance and recovery (Best et al. 2011; Longabaugh et al.

2010; Weaver and McNeill 2014), In order to allow for the mapping of change at both client and community level, and to understand any role that peer mentors and recovery communities play in supporting individual veteran recovery pathways, a Social Network Mapping approach is appropriate (Best et al. 2012). Adopting this approach ensures the evaluation study design can assess social group involvement and the emergence of a recovery social identity over time, from which: what benefits, if any, those accessing the Right Turn project experience in terms of improvements in social capital and community integration can be ascertained. Thus enabling the identification of how veterans' social networks change, grow and in what ways this impacts on their wellbeing. These data will be used to suggest models for generating local recovery communities for this cohort that can generate 'therapeutic landscapes'. The assertion that increasing social interaction with others in the local community, along with others in recovery with a history of military service, can assist veterans to integrate more successfully into civilian life, can thus be assessed. The assertion that desistance from offending and recovery from alcohol and drug problems relies on a symbiotic relationship between personal growth, social network change and the evolution of visible and accessible communities and landscapes of recovery will be tested. The evaluation study design is intended to provide evidence to test this assertion. At an individual level, Social Identity Mapping is a systematic graphically visual approach to measuring key recognised predictors of recovery as highlighted within the Social Identity Model Of Recovery (SIMOR) model (see Best et al. 2016a) by illustrating the user status in the social network and capturing the strength of links between personal and social identities (see Haslam et al 2016). The key point of the SIMOR is that it provides a social identity model of how transitioning from using to recovery groups is a key component of developing a new identity that is supportive and consistent with sustained recovery.

At the wider recovery community level, Asset-Based Community Development Mapping (ABCD) is a technique underpinned by the assumption that communities already have many assets in existence that can be utilised to support members. Individuals, not just organisations, are classed as community assets themselves, thus the ABCD model's approach shifts the focus from being a negative, 'needs' based assessment to a more positive, 'strengths' based approach to community resources (Mathie and Cunningham 2003). For those in recovery from substance misuse or desisting from criminal activity, engaging with community-based activities means becoming 'enmeshed' in an array of supportive activities, provides a protective factor, thus mitigating the risks of relapse into substance misuse and/or criminal lifestyles (Best et al. 2016).

1.5.4 Assertive linkage and community connectors

The value of pro-abstinence social networks and time spent in alcohol-free settings has long been associated with an increased likelihood of achieving and maintaining abstinence. Alcoholics Anonymous (AA) is the most widely used and attended treatment for alcohol and drug problems, but is only one of a number of mutual aid groups available for alcohol and drug problems in the UK. A key component of 12-Step groups¹ and other mutual-help groups is the establishment of the 'helper principle' (Pegano et al. 2011). The 'helper therapy principle' is when the helper commits to supporting a new group member, which strengthens the helper's commitment to the program, thus the benefit is mutual and reciprocal (Riessman 1965; 1990). Indeed, there are an increasing number of studies showing that assertive linkage is effective within the veteran cohort: at pre-release from prison (Davis et al. 2003); employment support delivered to peer groups (Le Page et al. 2003); and accessing support services in the community (McGuire et al. 2003; Bates and Yentumi-Orofori 2013; Murray 2014; Warren et al. 2015).

Relatedly, and a further significant element of adopting the therapeutic landscape into any study design, is focussing on the availability of Community Connectors (McKnight and Block 2010) i.e. those individuals who can act as assertive links into the resources that assist people in sustaining their interactions in the community context (Wilton and DeVerteuil 2006). For the purpose of this evaluation study design, this means focussing on those who had graduated from the Right Turn project as community assets that have become both accepted and visible challenges to negative stereotypes, whilst also inspiring future veteran cohorts into recovery services. Best and Laudet (2010) have since developed this notion as focussing on the idea of community capital in research work, by ensuring our attention during individual transitions into recovery includes consideration of the importance of the community which one recovers into.

1.6 Summary

This essentially strengths-based study is designed to evaluate and understand the mechanisms underpinning this veteran-specific recovery project with instruments directly underpinned by the theoretical framework developed above. The evaluation research methodology is therefore framed within a social identity and social capital approach, in which membership of a socially desirable and valued group is predicted to make a positive contribution to veterans' self-esteem and their sense of

belonging, as well as facilitating assertive-linkage into wider supportive community resources. This evaluation focusses on: identifying any growth of personal and social recovery capital for individual veterans; assessing the impact on the veterans' local communities and; establishing to what extent the Right Turn initiative can be said to contribute to 'therapeutic landscapes' that improve both project engagement and outcomes for veterans.

Section 2: The Right Turn project evaluation

2.1 The Right Turn project

Addaction Sheffield identified that a number of their service users had been members of the Armed Forces and began to question whether their shared military experiences could provide an opportunity that could be used to support their recovery. A treatment group consisting of veterans was established, delivered in partnership with the local branch of the Royal British Legion. This pilot service was initiated with weekly meetings, using a mutual aid, peer support approach², which proved an effective method for enhancing the engagement of other veterans who had little history of participation in mainstream services. In 2014, the 'Right Turn' model received support from corporate partner HEINEKEN UK. These funds were raised through HEINEKEN UK's staff initiative 'Act for Addaction' for project extension to sites in the North of England and Scotland with further funding secured until 2018. In 2014 the Forces in Mind Trust announced their support for the expansion of the Right Turn project into the South and South West of England.

2.2 The Right Turn model

Right Turn is Addaction's specialist support package for veterans who have substance misuse problems. Since project initiation, a total of 49 veterans have accessed the Right Turn project (see section 9). The elements of 'Right Turn' differ at each Addaction service, depending on local need and existing veteran support, but can include:

- MAP (mutual aid programme) and a 'buddying' system that helps to develop peer support through the development of Veteran Recovery Champions
- Specialist one-to-one treatment sessions that acknowledges the specific experiences, problems and needs of veterans
- Access/referral to specialist drug/alcohol prescribing services
- Established pathways and links into benefits advice, mental health support and housing services
- Recruitment, training and supervision of Veteran Recovery Champions in each Right Turn site to raise awareness of the needs of veterans and champion their interests at a local, regional and national level

² Mutual aid is a term used to signify a voluntary reciprocal exchange of resources and services for mutual benefit, typically provided outside formal treatment agencies and is one of the most commonly travelled pathways to recovery from addictions.

- Provision of social events and diversionary activities (such as walking groups and museum visits) that builds trust for veterans and fosters positive networks of support among peers, friends and family
- Training for Addaction workers and other practitioners to enable them to identify and respond to the specific issues facing veterans
- Building partnerships and developing referral routes with other services and organisations

2.3 The Sheffield Hallam University evaluation

An evaluation of the Right Turn project formed a part of the Forces in Mind Trust grant in 2014. Sheffield Hallam University were commissioned to conduct an outcomes evaluation. The details of the evaluation design and data generation results are detailed in the rest of this section.

2.4 Evaluation aims

The primary purpose of this study is to evaluate the Right Turn project in terms of identifying the impact on the health and wellbeing of the ex-service personnel engaging with this veteran-specific, peer-driven recovery service, in order to:

- Establish if this model of support is effective in supporting veterans to change previous behaviour through a model of assistance based on improving social interaction with others in their peer group and local community
- Establish if this model of interacting with others in recovery with a history of military service assists veterans to integrate more successfully into civilian life
- Establish, using a control group methodology with matched samples of Addaction's veteran, but not engaging with Right Turn and non-veteran client-base, any similarities or differences in treatment engagement and outcomes

2.5 Research questions

The research questions underpinning the data collection and data analysis strategies adopted are:

- Are there improvements in functioning and wellbeing among veterans who engage with the Right Turn veteran support service?
- What are the key characteristics of the Right Turn service delivery model that support veterans in recovery?

- What benefits, if any, do those accessing the project experience in terms of improvements in social capital and community integration?
- What are the experiences of key stakeholders in the project?
- What lessons have been learned in terms of working effectively with a veteran population?

2.6 Linking research objectives and a mixed methods approach

The evaluation is designed around a structured integrated mixed methods approach (Teddlie and Tashakkori 2009) to data collection design and analysis, using an established repeat measure design and a common data collection model across sites. The focus of the evaluation activities are specifically designed to assess the impact and outcomes for the veteran cohort engaging in the initiative. The evaluation research objectives, and the development of the theoretical framework detailed in the previous section underpin the data collection and data analysis strategies detailed below:

Research aims, objectives and questions	Methodology
<p>Establish impact on functioning and wellbeing among veterans who engage with the Right Turn veteran-specific support service</p>	<ul style="list-style-type: none"> • Collection of quantitative base-line and follow-up health, wellbeing and recovery measurement data conducted with individual veterans accessing the Right Turn project • Collection of qualitative interview data conducted with individual veterans accessing the project at base-line and follow-up • Qualitative interviews at base-line, follow-up and longitudinally
<p>Establish, using a control group methodology with anonymous mirrored samples of Addaction's client-base to identify any similarities or differences in treatment engagement</p>	<ul style="list-style-type: none"> • Analysis of secondary comparative group treatment data, in order to assess any systematic differences between Right Turn veteran clients and; standard treatment seekers; and matched veteran clients not accessing the Right Turn project
<p>Establish what benefits, if any, veterans accessing the project experience in terms of improvements in social capital and community integration?</p>	<ul style="list-style-type: none"> • Social Identity Mapping Workshops conducted with individual veterans at base-line and follow-up • Asset-based Community Development Workshops conducted within wider recovery community at each site • Social capital and community connectedness measures collected at base-line and follow-up • Qualitative interviews conducted at base-line, follow-up and longitudinally with veterans accessing the project

Research aims, objectives and questions	Methodology
<p>Establish the key characteristics of service delivery that support veterans in recovery</p>	<ul style="list-style-type: none"> • Participative Evaluation Workshops conducted with veteran site groups at base-line and follow-up • Qualitative interviews conducted at base-line, follow-up and longitudinally with veterans accessing the project • Qualitative interviews with Right turn delivery staff at follow-up
<p>Establish the experiences of key stakeholders in the project and what lessons have been learned in terms of working effectively with a veteran population</p>	<ul style="list-style-type: none"> • Qualitative interviews at base-line, follow-up and longitudinally with individual veterans, particularly focussed on identifying any potential identity change narratives over the course of project engagement • Qualitative interviews with Right Turn delivery staff at follow-up

2.6.1 A phased data collection approach

The evaluation research objectives as detailed above require a repeat measure design. These project activities were undertaken between December 2014 and December 2016, with the core of the data being conducted during three focussed data collection phases:

- Phase 1- baseline measures
- Phase 2- follow up measures and recovery community workshop mapping
- Phase 3 - longitudinal interviews, secondary data and control group data analysis activities

2.6.2 The sample

The evaluation was designed for a sample size of 25 veterans engaging in five Right Turn delivery sites. The sites initially selected were two from the South and South West and three from the North of England. The recruitment of veterans into evaluation activities was conducted on a voluntary basis, with a total sample of 25 veterans with whom the research team would conduct repeated, intensive and detailed data collection over the two year evaluation period. It is important to note that the veteran groups across the North region came online to the Right Turn project at different times and the South and South West sites began much later.

2.7 Cohort-specific data collection instruments

Specific data collection instruments were developed for this project, as follows:

- An integrated quantitative and qualitative data interviewer administered survey

- Three interactive workshops were adapted/ designed (Social identity Mapping, Participative Evaluation and Asset-based Community Development Mapping)
- A longitudinal telephone interview schedule
- A unique secondary data comparative data analysis was developed

Please see Appendix 2 for full design details of the data capture instruments detailed above.

2.8 Fieldwork conducted

Over the course of this two year project, the following fieldwork activities were successfully conducted:

Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none"> • Base-line survey • Base-line veteran one-to-one interviews • Base-line Social Identity Mapping workshops • Base-line Participative evaluation workshops 	<ul style="list-style-type: none"> • Follow-up survey • Follow-up veteran one-to-one interviews • Follow-up Social Identity Mapping workshops • Follow-up Participative evaluation workshops 	<ul style="list-style-type: none"> • Longitudinal telephone interviews with veterans • Interviews with Right Turn sites leads • Comparative secondary data analysis
Data activity outcomes		
Base-line evaluation activities were conducted with a total of 35 veterans engaging in five Right Turn project delivery sites as detailed above	Follow-up comparative change evaluation activities were conducted with a total of 23 veterans retained in the in five Right Turn project delivery sites as detailed above	Longitudinal data was completed with 10 telephone interviews with veterans, 6 interviews with delivery staff and the comparative data set received and analysed as detailed above

2.9 Challenges and limitations

The original project sample selection plan was amended with Right Turn evaluation Steering Group agreement, as the delivery model proved unsuitable in the South and South West region. Please see the next section for details of the range of activities that took place in the South and South West. Additional surveys were however designed to attempt to include veterans' views in the evaluation (see Appendix 2 for full details).

Further difficulties arose at follow-up phase as additional Right Turn participants were recruited to base-line measures to make up for the level of leavers (10 in total) from the original base-line sample of 25, detailed in the interim report (see Albertson et al. 2015b). Contact with Right Turn project leavers post base-line activities was attempted. While we managed to recruit an additional 10 Right Turn base-line engagers from the North sites, we were subsequently unable to re-contact a further number of these new base-line veterans at follow-up. This resulted in the final total base-line sample standing at 35, but the total sample for both base-line and follow-up activities of only 23 (a retention rate of 66%). The research team, having no data from project leavers, could not examine what characteristics of the program resulted in veterans leaving the project- which is a further limitation of this evaluation study.

2.9.1 Alternative project delivery model adopted in the South and South West

The Right Turn delivery model was adapted for the South and South West region. A strong Armed Forces Covenant group exists in North Somerset, which veterans' report they feel well supported by. Although many veterans from this region were curious and wanted to be listed under the Right Turn project, the vast majority were happy to continue accessing mainstream treatment. Their engagement consisted of accessing the Right Turn staff for signposting to appropriate services from time to time, which is why they wanted to remain registered with the project. While Right Turn staff continued to initiate further engagement in North Somerset and for some time, a veterans' MAP group met, however attendance remained low. Open days and a variety of other activities were also attempted; a monthly discussion group for veterans with guest speakers was floated and was better attended.

In Devon and Cornwall challenges around the rural dispersion of veterans proved difficult. The Truro group was a better attended project; however this group came to a natural end when the core attenders moved on. This reflects the reality that Devon and Cornwall are home to a number of military bases who already facilitate social support networks for local veterans. The signposting service has however been very popular across the South West and well used, including the local directories that have been produced. Right Turn staff have similarly invested their energy in enhancing local partnerships, resulting in positive and sustainable excellent local working relationships. One of our most significant actions as a result of this initiative in the South and South West has been the creation of joint assessments for veterans experiencing mental health issues with other services, an initiative which was identified as a high priority by veterans in the region.

2.10 A mixed methods approach to data analysis

Given the focus of this study - to establish the outcomes from accessing a veteran-specific recovery service on engaging veterans- a mixed methods approach was adopted which mixed quantitative and qualitative approaches in an interactive manner at all stages of the study, in order to incorporate data analysis tasks of both:

- establishing the qualitative subject experiences of veterans' journey through the project and identifying any identity change transitions
- establishing quantitative base-line and follow-up measures to ensure robust health, wellbeing and recovery-related outcome data

This mixed methods approach resulted in the designing of specific, merged data collection instruments to both identify the experiences of this cohort through qualitative sequenced interviews, and gather repeat quantitative survey measures. See section 2.6 and Appendix 2 for full details. These data were gathered concurrently. Similarly, a fully integrated mixed data analysis approach was adopted with some success. This study has two parallel strands, one qualitative, one quantitative, but some of the qualitative data are 'quantitized' during data analysis and some quantitative data are 'qualitized' at data analysis stage (see Teddlie and Tashakkori 2009). This mixed method approach to data analysis was adopted in order to accomplish the two goals of the study: first to demonstrate impact of project engagement with variables/ relationships with predictive effect and; second to answer exploratory questions about how and why things were experienced during project engagement (Teddlie and Tashakkori 2009, p 33).

The goals of the data analysis strategy adopted for analysing the 50 hours plus of transcribed qualitative data were twofold: first to reveal and interpret the context and; second to organise the data being analysed (Elliot 2005). A deductive analysis was structured around the emerging quantitative findings and the evaluation research questions. An inductive analysis was conducted on the veterans' narratives (Flick 2002; 2014), see section 8, which involved beginning with individual veterans' narratives as the topic of analysis, as each narrative at base-line, follow-up and longitudinal phase were compared and contrasted. This approach was adopted to operationalise the stance that 'episodic knowledge' of the veterans' experience of the project would be organised closer to the actual experience (Flick 2014, p 274). This resulted in context-related data in the form of individual narratives (Flick 2002), which are analysed in order to illustrate qualitative changes in narrated subjective experience and identity. Then we shifted from these first order narratives, to second

order narratives- in order to access the collective story (Elliot 2005). This data categorisation involved a) open coding- where expressions (single words, short sentences and paragraphs) were classified by their units of meaning; b) Categorising- where groups of codes were centred on addressing the research questions; and c) Selective coding- around the central issues of interest and corresponded this to progression through the Right Turn project.

The quantitative data analysis was primarily by repeated correlations at regressions for fixed points data and by repeated measures t-tests for change over time assessments. For the secondary analysis, one-way analysis of variance was used to compare differences in the two groups at baseline and at follow-up. The secondary data set analysis tasks took place independently of the remaining data analysis.

Section 3: Base-line and follow-up veteran sample profile (n=23)

The final base-line and follow-sample consisted of 23 veterans who had been retained in the Right Turn project.

3.1 Socio- demographic profile

The sample (n=23) consisted of 1 female veteran and 22 male veterans. The average age at first evaluation contact was 52 years³, the youngest veteran being 33 years old and the eldest, 70 years old. The sample was composed of 48% (11 veterans) defining their marital status as single; 26% (6 veterans) as separated or divorced and; 26% (6 veterans) as married or cohabiting. Approximately two thirds (65%, 15 veterans) of the sample did not have dependent children. The whole sample identified as originating from a White/British background.

3.2 Military Service profile

Of the sample, 78% (18 veterans) served in the Army, 16 as regular, 2 as reservists (and 1 serving in both regular and reserve). A further 22% (5 veterans) served as regulars in the RAF. Average age at enlistment into the Armed Forces was 18 years old, ranging between 15 and 26 years old. Of the sample, 65% (15 veterans) had experienced one or more combat postings. Average length of military service for the sample is 9.5 years, ranging between 2 and 35 years⁴. The final sample contains 4 (17%) veterans defined as Early Service Leavers, meaning they served less than 4 years.

The average age on discharge from the forces was 28 years old, ranging from between 20 and 52 years old. The sample's discharge profile was 48% (11 veterans) met their agreed length of service requirements (this includes 2 reservists), 22% (5 veterans) received an administrative discharge, 13% (3 veterans) left through the Premature Voluntary Release Scheme, 9% (2 veterans) left with a Medical discharge and 9% (2 veterans) received a dishonourable discharge. The average length of time since leaving the Armed Forces for the sample is 23 years, ranging between 8 and 43 years.

3.3 Lifetime substance misuse profile

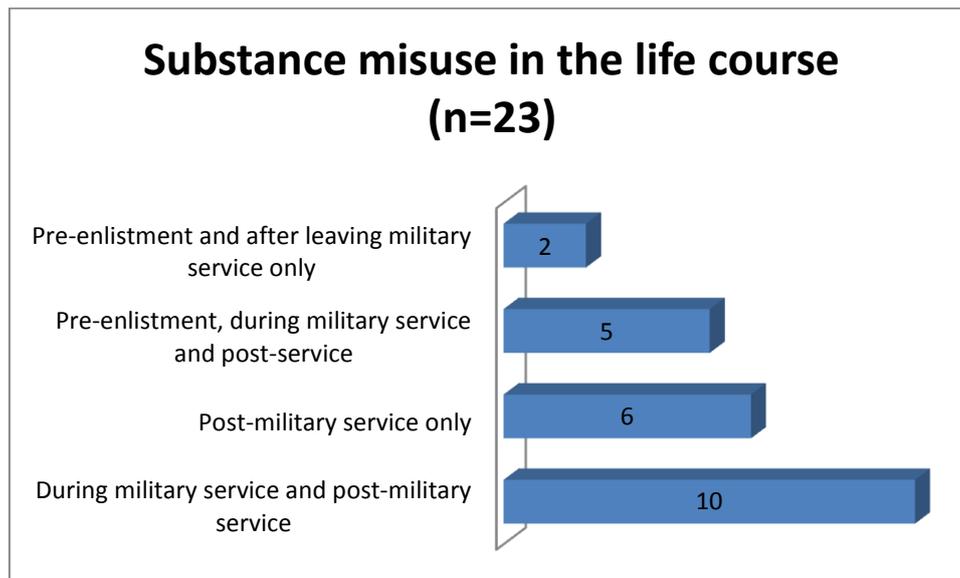
The vast majority of the sample, 83% (19 veterans) reported alcohol as their main substance misuse issue and 17% (4 veterans) reported this to be drugs (3 veterans cited illegal drug dependence and 1

³ (SD = 10.22)

⁴ While the profile of service discharge across the UK Armed Forces is to some extent determined by the nature of contracts under which personnel serve, this veteran sample's age at service discharge is broadly representative of all forces leavers (Ministry of Defence 2014).

veteran cited prescribed drug dependence). The reported substance misuse profile across the life course of the sample is: 43% (10 veterans) experiencing problematic substance misuse during and post military-service only; 26% (6 veterans) post military-service only; 22% (5 veterans) pre-enlistment, during and after military-service and; 9% (2 veterans) reporting problematic substance misuse pre-enlistment and after leaving military-service only as illustrated in the figure below:

Fig. 3.3: Substance misuse across the life course



3.4 Help seeking history

Of the sample, 91% (21 veterans) report experiences of accessing non-veteran specific recovery support services previous to joining the Right Turn project.

3.5 Right Turn project engagement profile

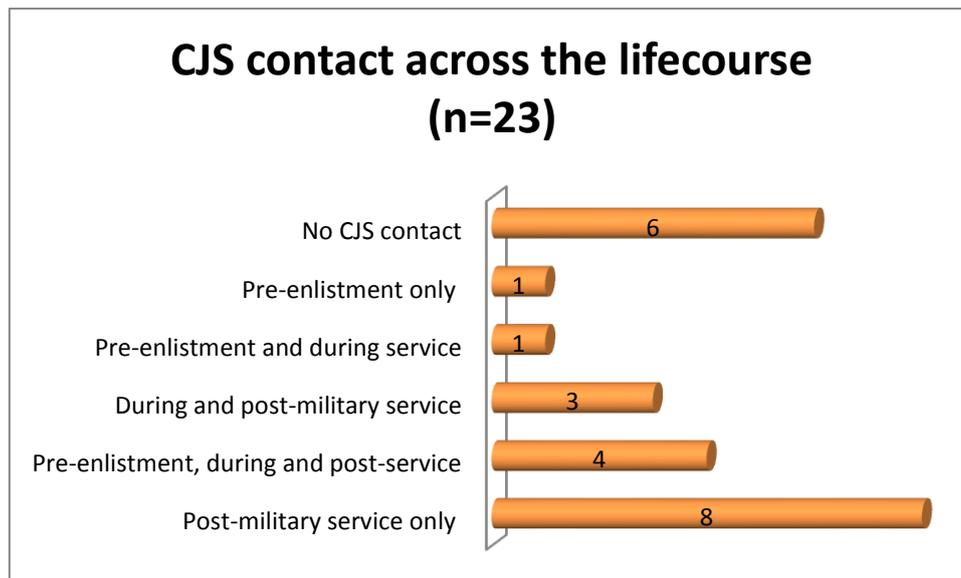
The length of time each veteran in the sample had been engaging in the Right Turn project varied as follows:

- at base-line (n=35), average sample engagement length is 8 months- which ranged from less than one month's engagement to up to 30 months' engagement in the project
- at follow-up (n=23), average sample engagement length is 18 months- which ranged between 6 and 40 months
- at longitudinal interview (n=10), the average engagement length is just less than 2 years (23.7 months), ranging from between 13 to 46 months of engagement with the project.

3.6 Criminal justice contact profile

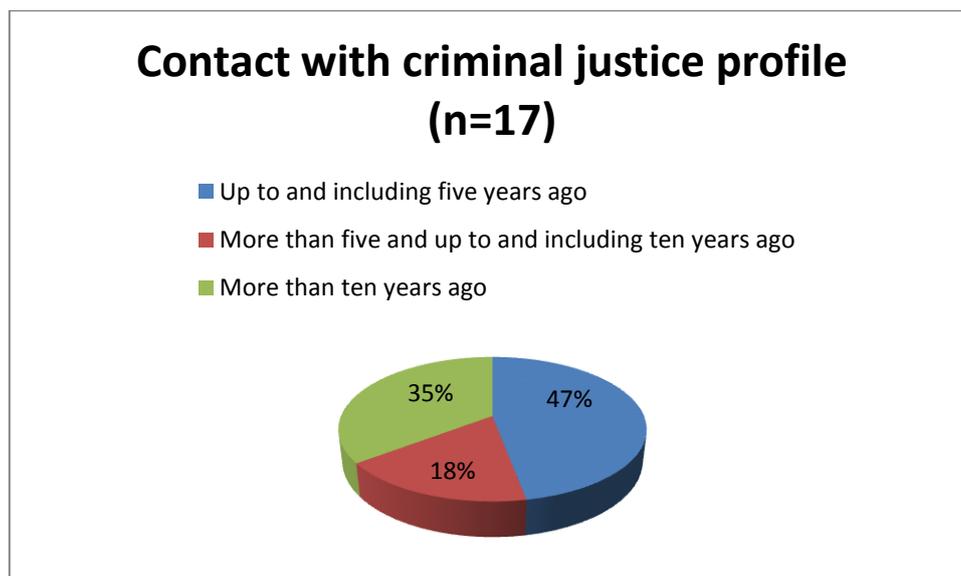
Of the sample, 26% (6 veterans) reported no criminal justice contact across their lifetime, while 74% (17 veterans) in the final sample reported formal criminal justice contact across their lifetime, as illustrated below:

Fig. 3.6.1: Lifetime criminal justice contact (n=23)



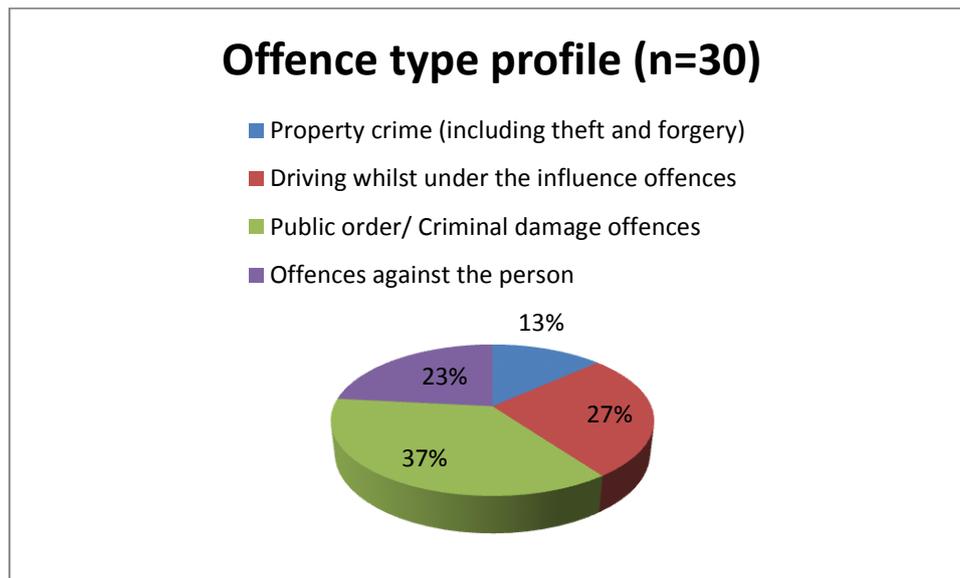
Of those in the sample reporting contact with the criminal justice system over their lifetime (n=17): 47% (8 veterans) reported contact with the criminal justice system within the last 5 years; 18% (3 veterans) reported contact as occurring between five years and ten years ago and; 35% (6 veterans) over ten years ago.

Fig.3.6.2: Recent CJS contact (n=17)



Of the offences reported, all but one veteran reported multiple offences. Six of the sample reported serving a custodial sentence since leaving the forces. In total, 30 separate offences were reported. The nature of the offences reported (n=30) are: 37% public order/criminal damage (11 reports); 27% driving whilst under the influence-related (8 reports); 23% offences against the person (7 reports) and; 13% (4 reports) of property crime (including theft and forgery) as illustrated in the figure below:

Fig. 3.6.3: Offence type (n=30)



3.7 Help-seeking initiation - first disclosure

The majority of the sample - 52% (12 veterans) reported their General Medical Practitioner (GP) as the first person they confided their substance misuse concerns to. A further 22% of the sample's first disclosure was to their wife or partner (5 veterans), 17% confided in a Professional Worker- they were already engaging with (4 veterans) and 9% (2 veterans) confided in a fellow veteran.

3.8 Referrals and sequencing of service engagement⁵

The most common referral into the Right Turn project at 65% (15 veterans) is through Addaction's generic community substance misuse services:

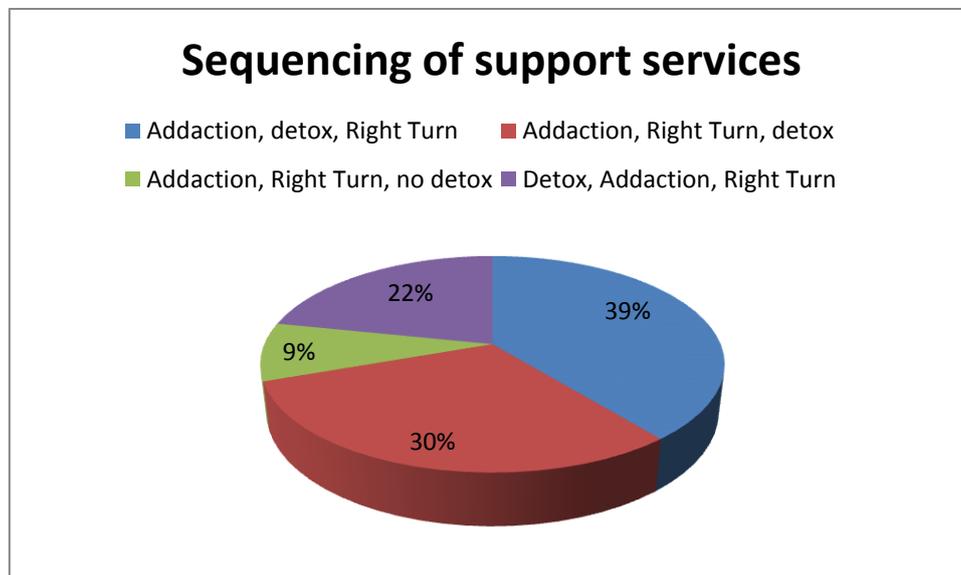
- 65% (15 veterans) accessed Right Turn through Addaction's non veteran-specific services
- 17% (4 veterans) were signposted through other community recovery services (e.g. Derbyshire Alcohol Services and Sheffield Alcohol Support Service)
- 13% (3 veterans) were signposted by veterans in the local community

⁵ Participants were invited to record their recovery journey through a visual adaption of the Jellineck Curve (Jellineck, 1946⁵), where they recorded the sequencing of their addiction treatment journey.

- 4% (1 veteran) was signposted into the project through their GP

Likewise, with regard to sequencing of accessing support services; 39% (9 veterans) came through from Addaction's generic services first, then through detox treatment, both before accessing the Right Turn project; 30% (7 veterans) also accessed Addaction's generic services before Right Turn, then went on to detox treatment; 22% (5 veterans) came out of detox treatment and into Addaction generic services before accessing the Right Turn project and; 9% (2 veterans) who did not utilise detox treatment at all, also came into Right Turn having first accessed Addaction services, as illustrated below:

Figure 3.8: Sequencing of support services



These findings could be interpreted as illustrating a blockage in effective referral pathways into the Right Turn project, when combined with the previous finding that the vast majority of veterans reported their first disclosure of substance misuse-use as being made to their GP (see section 3.7 above). However, one cannot separate out the veterans who were referred into generic Addaction services by their GP in the first place, who could then have then been signposted internally into the Right Turn project. This issue would benefit from being highlighted in future referral data capture tools at Addaction and considering ensuring GP surgeries are made aware of the direct referral routes into the Right Turn project.

For total profile details of the total base-line sample only (n=35) please see Appendix 1.

3.9 Recommendations

- Consider strategies to expand the diversity of the current Right Turn group demographic (predominantly older and male), possibly through making contact with local community forums and approaching services for younger and female veterans in the locality
- Develop a Right Turn referral pathway - an activity also linked to section a 6 recommendation - ensuring that the current dominance of the internal Addaction referrals are supplemented by other local agency referral routes

Section 4: Functioning and wellbeing

With regard to the evaluation aim of establishing the impact on functioning and wellbeing among veterans who engage with the Right Turn veteran-specific support service, this findings section presents the analysis of base-line and follow-up comparison data and one-to-one interview data with Right Turn veterans, relevant to addressing the following research question:

- Are there improvements in functioning and wellbeing among veterans who engage with the Right Turn veteran support service?

4.1 Introduction

The concept of recovery capital (Granfield and Cloud 1999; 2001) is important in the addictions field (see section 1.5.1) as it signifies the importance of the assets of those in recovery. This strengths based model was utilised to underpin the measurement of recovery resources and skills. In this project, the Assessment of Recovery Capital instrument (see Appendix 2.61) was utilised to test the assertion that, should the Right Turn project operate effectively, we would observe an increase in recovery capital measures between base-line and follow-up for those veterans retained in the project. From the social identity theory perspective (see section 1.4) one would expect that those moving successfully towards recovery status, to decreasingly identify with addict/ drinker identity, shifting to other social group identities supportive of desistance and recovery (see, Best et al. 2011; Buckingham et al. 2013). This is important, as one would therefore expect a positive change to be identified between base-line and follow-up social identity measures in the veteran cohort. Similarly, should the veteran be benefitting from their project engagement, one would expect to see improvements reported in the repeated health and wellbeing measures.

For more general indicators of wellbeing, this section includes community connectedness and belonging findings. One could realistically expect positive indicators to be identified in veterans' wider engagement in their geographical community resources/amenities and also an increased sense of belonging in their local community. In this way, the assertion that increasing social interaction with others in their local community, along with others in recovery with a history of military service, can assist veterans to integrate more successfully into civilian life, can thus be assessed. Data findings regarding impacts on familial relationships and engagement in the criminal justice sector are also included here as also indicative of general wellbeing. These factors are considered important, in that one would expect less contact with criminal justice agencies and positive impacts on familial relationships reported from those engaging successfully in recovery interventions.

4.1.1 General health and wellbeing

The analysis of quantitative survey measures findings inserted in the table below, illustrates that the majority of the veteran sample reported improvements in their general health and wellbeing:

Table 4.1.1: Health and wellbeing measures

	Declined	Stayed the same	Improved
Physical health measures	9	2	11 ⁶
Recovery group participation	8	5	10
Psychological health measures	6	4	13
Self-efficacy measures	8	2	13
Social support measures	7	3	13

These are positive findings. In quantitative terms however the effects are too weak or the power too low for them to be statistically significant. Having access to a larger sample would facilitate the likelihood of gaining statistical significance.

4.2 Recovery capital

The quantitative analysis identified significant and strong positive correlations at both base-line (n=35) and follow-up (n=23), that recovery capital in the veteran cohort is positively associated with engagement in social support and recovery group participation (RGPS)⁷.

The analysis of qualitative data identified self-reported commitment to Right Turn project attendance as falling into a clear three-group typology (see 4.2.1 below). When this qualitatively sourced typology are mapped with the quantitative outcomes data, this confirmed the correlation between consistent Right Turn engagement as 87% (20 veterans) of the veterans are doing consistently well, with 26% (6 veterans) - see the 'Completers' group listed below - having developed

⁶ 1 data point was unavailable.

⁷ Baseline measures: a) social support, $r_s = .687$, $p < .001$ and b) RGPS, $r_s = .511$, $p < .01$. Follow-up measures: a) social support, $r_s = .516$, $p < .05$ and b) RGPS, $r_s = .510$, $p < .05$

additional community engagement and social capital as part of their recovery journey (also see later sections 4.4 and 4.5).

4.2.1 Right Turn project attendance typology

As suggested above, commitment to attendance is clearly important to ensuring progression through the Right Turn project. The following three-group attendance typology is identified in the sample is as follows:

- 'Recent relapse and irregular attenders' - 13% (3 veterans): This group contains those who have relapsed recently and those who attend less regularly e.g. "Dropped out- but back now"; "Had a blip recently", "I did relapse about five weeks ago".
- 'Core committed attenders' - 61% (14 veterans): This group contains veterans with a significant commitment to attend the Right Turn project each week, e.g. "Been every week for 35 weeks"; "I'm regular- only missed two"; "I 've made friends with them all now. Personally I don't like to let anybody down, and I think if I'm not there then I'm letting them down".
- 'Project completers' - 26% (6 veterans) have moved on, but not out of the project: This group have been through the program and are either employed or volunteering elsewhere, e.g. "I can no longer attend regularly due to work"; "I go now and again, but because I'm employed now so [go] when I get chance" and " I go to the breakfast club and I work"

These integrated findings illustrate that sustained engagement in the Right Turn project leads to significant and positive results in terms of increases in recovery capital. The attendance group typology provided above, may also be useful to inform both the intensity and sequencing of project activities, and also be incorporated into an on-going Right Turn monitoring tool kit, to assist delivery staff's assessment of the progress of the veterans they work with.

4.3 Recovery status and social group identification

The quantitative analysis of survey data revealed a high identification of participants with a recovery identity⁸ at follow-up. This is significant, as this sample at base-line reported the following recovery status (on entry to the Right Turn project):

- 39% (9 veterans) reported their status as being in active addiction
- 43% (10 veterans) reported an Early recovery status (up to 1 year)

⁸ in a range between 1 and 28 the median was 22

- 17% (4 veterans) reported being in Sustained recovery (between 1 and 5 years) or Stable recovery status (more than 5 years)

At follow-up, the following changes in status were reported:

- No veterans reported being in active addiction
- 39% (9 veterans) reported an Early recovery status (up to 1 year)
- 61% (14 veterans) reported the maintenance of either a Sustained recovery status (between 1 and 5 years: 13 veterans) or Stable recovery status (more than 5 years: 1 veteran)

4.3.1 Progression

As table 4.3 below illustrates a clear progression in recovery status has occurred for 61% (14 veterans) of the sample between base-line and follow-up activities. Of the four reporting sustained or stable recovery at base-line, none reported regression or relapse at follow-up stage (3 had however experienced relapse during their engagement with the project- see section below).

Table 4.3: Progression in recovery status

No change	Progression			No change	
Early to early recovery	From Pre-recovery to Early recovery status	From Pre-recovery to Sustained recovery ⁹	From Early to sustained recovery	Sustained to sustained status	Stable to stable
5	4	5	5	3	1
22%	61%			17%	

Of the 5 veterans apparently demonstrating a lack of progression by reporting 'Early' at both base-line and follow-up, the qualitative data analysis demonstrates that:

- 1 veteran was about to celebrate his abstinence anniversary 3 weeks after our visit
- 1 veteran had only been with the project for 6 months

⁹ Five of the Right Turn veterans conducted their follow-up activities within months of achieving their first year of sobriety milestone.

- 3 had experienced a relapse between base-line and follow-up activities, but all had re-engaged subsequently:
 - Relapse- stopped attending due to employment: "Dropped out- but back now- regular. I went back to work too early last time, it was like stressful" (Ned, T2)
 - Relapse and detained under MH Act: "but I'm getting better and stronger every day. Now I'm back on a plateau and working back with [mental health nurse] and the veterans, I feel a lot better" (ManCity59, T2).
 - Relapse- stopped attending: "had a blip recently and I dropped away from it [attending RT]. But today has been like a 'get up off my bum kind of', you know. It's isolated I am. I am just stuck in that bloody flat all day.... going stir crazy" (Dodger, T2).

4.4 Health status

The quantitative analysis of the base-line survey data identifies an increase, though not a statistically significant increase in reported physical health¹⁰. There has also been a marginally significant increase in the quality of life measures between baseline and follow-up¹¹.

4.4.1 Physical health

The analysis of the qualitatively sourced data presented here provides further detail of the health and wellbeing outcomes subsequent to project engagement. At follow-up 35% (8 veterans) in the sample reported being diagnosed with chronic physical ailments since base-line. These were reported as:

- Musculoskeletal disorders, 18% (4 veterans)
- Chronic Obstructive Pulmonary Disease, 9% (2 veterans)
- Liver Disease related, 4% (1 veteran)
- Psychological trauma/ Chronic fatigue, 4% (1 veteran)

Of these veterans in the sample, 3 had reported no chronic health conditions at base-line and the remaining 5 had received a formal diagnosis and accessed treatment for these chronic health conditions.

¹⁰ The difference between baseline (Mean = 25.23, SD = 9.64) and follow-up (Mean = 26.59, SD = 9.08) was not statistically significant, $t = .660$, $p = .516$

¹¹ baseline (Median = 3) and follow-up (Median = 4) and significance: $z = -1.848$, $p = .65$

By way of illustrating the significance of this topic area, over the duration of conducting this research project, 2 veterans accessing the Right Turn project have died, at 58 and 49 years of age, despite a period of recent abstinence with support from the Right Turn project.

4.4.2 Mental health

Over the duration of this research project, 2 Right Turn veterans were detained under the Mental Health Act¹². By follow-up 87% (20 veterans¹³) in the sample had attended an assessment with a mental health professional. A summary of the outcomes, mental health-related strategies recommended and formal diagnoses provided through this contact with mental health services subsequent to Right Turn engagement are reported below (n=20):

- 30% (6 veterans) now have longer term mental health diagnosis and care strategies in place: 2 veterans have received a 'late onset PTSD diagnosis'; 1 veteran has a Paranoid Schizophrenia diagnosis; 1 veteran a Bipolar diagnosis; 1 veteran a Borderline Personality Disorder diagnosis and; 1 veteran an historic PTSD management in place
- 25% (5 veterans) have longer term care plans in place to manage anxiety and depression: through medication and/ or therapy, e.g. Cognitive Analytic Therapy and Cognitive Behavioural Therapy
- 30% (6 veterans) have received recommendations to maintain current strategies and activities in order to stay well. This includes: 2 veterans told to keep doing what currently doing to stay well; 2 veterans recommended to access the counselling offered; 1 veteran has been advised to find something meaningful to do with life and; 1 veteran advised to continue to engage in activities that reduce social isolation
- 15 % (3 veterans) report no further contact required with the mental health team.

4.5 Community connectedness and belonging

The qualitative analysis of community connectedness data identified further indications of a positive impact of project engagement on veterans' engagement in their wider community resources/amenities and an increase in their sense of belonging in their local community.

¹² One veterans stay was extended significantly, meaning we were forced to exclude them from follow-up activities, while arrangements were successfully made to ensure the second veterans follow-up activities were scheduled appropriately.

¹³ It was reported as wholly appropriate for the 3 veterans who had not done so since starting with the project.

The number of veterans reporting utilising local community amenities regularly at base-line was 74% (17 veterans). At follow-up, 65% (15 veterans) reported continued regular use of local amenities and an additional 17% (4 veterans) who did not access any local amenities at base-line reported now actively accessing local amenities. However, 9% (2 veterans) reported stopped accessing their local libraries and gym at follow-up, due to recent relapses into addiction status and only just re-joined the Right Turn project at follow-up activities). The remaining 9% (2 veterans) of the sample reported remained less confident about accessing community resources alone, but reported being happy to only when the rest of their peer group were with them, i.e. on organised group visits.

Regarding a sense of belonging to the community the sample resided in, 35% (8 veterans) reported no change in their base-line positive sense of belonging to their local community at follow-up, and 13% (3 veterans) reported no change in their pre-existing low sense of belonging in the local community in which they lived. 22% (5 veterans) reported a decreased sense of belonging to the community. However a further 30% (7 veterans) reported an increase in their sense of belonging to their community at follow-up, importantly - the degree of positive belonging felt by 22% (5 veterans) of this last sub-group was pronounced, e.g. changed from "Slightly" at base-line to "Very" at follow-up.

4.6 Criminal justice system engagement

Of the 74% (17 veterans) of the sample reporting life time contact with the criminal justice at base-line (see section 3.6), no contact with the criminal justice system was reported at follow-up (n=17). 24% (4 veterans) were explicit about the direct impact engagement with the Right Turn project has had on their criminal activity, typified by the comment below:

Attending the group, like Right Turn as it was and the groups now, has probably kept me out of the criminal justice system (Quookie, T2).

One veteran reported having had contact with the criminal justice system- just not of the kind he had ever imagined:

I have actually because we started earlier this year, we started going in to prisons, like with Right Turn, about the notion of setting up groups within prisons, so we went to like Lincoln Prison and Northsea Camp it was called, so there has been involvement with the Criminal Justice (Robby, T2).

4.7 Engagement in meaningful activities

Meaningful activity is generally defined as participation in activities that are meaningful and that promote people's health and mental wellbeing. Engaging with others is particularly relevant within the reported socially isolated position of many of the veterans in this report sample. However while employment remains a key indicator of successful activity more generally, within recovery circles, there is a concern that by prioritising entry into paid work and if not managed carefully, can often undermine efforts to both promote and maintain recovery (Monaghan and Wincup 2013). This very issue is demonstrated by the experience of one veteran who's premature return to employment resulted in relapse (see section 4.3 and below). Stepping into volunteering roles can however be seen as equally successful in terms of recovery goals, as demonstrating civic engagement, when from a policy perspective - formal volunteering is still one of the most prominent indicators of active citizenship in the UK (Lie et al. 2009).

At follow-up, 65% (15 veterans) of the sample reported engaging in meaningful activities and/or employment since base-line:

- 26% (6 veterans) report engagement in a variety of voluntary work opportunities which was beneficial in that unemployment benefits remained unaffected by this activity
- 22% (5 veterans) are engaging in voluntary work, having progressed from Disability Living Allowance status to actively seeking work status since base-line
- 9% (2 veterans) who are retired also reported engaging in voluntary work
- 9% (2 veterans) reported moving from unemployment status to full time paid employment status

The remaining 39% (8 veterans) reported less progression into meaningful activity engagement:

- 17% (4 veterans), while attending the Right Turn project meetings reported not engaging in any additional meaningful activities, reported coping with severe mental or physical health issues
- 13% (3 veterans) report losing their employment status at base-line and not currently engaging in voluntary work opportunities. Two veterans reported finding full time employment extremely stressful, to the extent that they could not continue in employment because of the burden it placed on their recovery and desisting journeys. For one veteran the stress resulted in relapse (see section 4.3). For the remaining veteran, the shock of losing his job also resulted in relapse

- 4% (1 veteran) not engaged in any meaningful activities reported feeling he was feeling almost ready "to get back out there and to start working again, you know" (Staff, T2).

4.8 Findings summary

These findings illustrate the benefits of sustained engagement with the Right Turn project. This has resulted in significant and positive results in terms of increases in recovery capital and physical health, and a marginally significant increase in quality of life measures. The findings are summarised below:

- the quantitative analysis identified significant and strong positive correlations at both base-line and follow-up that recovery capital in the veteran cohort is positively associated with engagement in social support and recovery group participation
- the analysis of survey data revealed a high identification of participants with a recovery identity at follow-up
- of the 39% (9 veterans) reporting active addiction status at base-line, no veterans reported being in active addiction at follow-up
- a clear positive progression in recovery status has occurred for 61% (14 veterans) between base-line and follow-up activities
- the quantitative analysis of the base-line survey data identifies an increase, though not a statistically significant increase in reported physical health
- by follow-up, 87% (20 veterans) had attended an assessment with a mental health professional
- no criminal justice contact was reported at follow-up
- 65% (15 veterans) reported engaging in volunteering opportunities and / or entering full time employment

4.9 Recommendations

- continue to deliver the project in its current format, which impacts positively on veterans relationships with family members, their physical health and quality of life
- develop a more detailed data system to ensure meaningful activity, over and above employment measures are captured effectively- focussed on collecting activities which indicate increased civic participation

Section 5: Social capital and community integration

With regard to the evaluation aim of establishing the benefits to veterans accessing the project experience in terms of improvements in social capital and community integration, this findings section presents the analysis of base-line and follow-up survey data, repeat Social Identity Mapping activities and one-to-one interview data, to directly address the following evaluation research questions:

- What benefits, if any, do those accessing the project experience in terms of improvements in social capital and community integration?

5.1 Introduction

As outlined in section 1.6.1, the evaluation was designed to assess social group involvement and the emergence of a recovery social identity over time, from which: what benefits, those accessing the Right Turn project experience in terms of improvements in social capital and wider community integration can be ascertained. A repeat social identity mapping workshop was conducted (see section 1.6.1 and Appendix 2 for details) within this evaluation design. Therefore, one would expect that those engaging with the Right Turn project would demonstrate an increase in the numbers of social groups they access between base-line and follow-up and the numbers of groups they socialise with containing substance users to reduce. Further, one might expect an increasing diversity in the social network groups those engaging in the project had contact with.

5.2 Social networks and relationships

Individual veterans completed a Social Identity Map at base-line and follow-up stages of the project - as detailed in section 1.6.1 and Appendix 2). To aid understanding of this section, this activity involves placing post-it-notes on the map to represent the social groups one belongs to and inserting different coloured dots into these groups to indicate the user status of those within these networks (e.g. red for heavy user; blue for abstainers; green for those in recovery) Further, veterans were asked to represent relationships between themselves and their groups - using a blue line to represent coherent or positive links and red lines to represent conflict.

5.2.1 Social network outcomes

The quantitative analysis of the base-line and follow-up survey data were subjected to tests¹⁴ which identified a significant increase in the number of social groups to which veterans belonged between baseline and follow-up¹⁵. The difference in the number of social groups veterans socialise with containing heavy substance users between base-line and follow-up proved not to be statistically significant. However, significant increases were identified in the numbers of social groups veterans engaged with at follow-up, which include:

- 'Heathy' people, i.e. abstainers, indicated by blue dots on the maps¹⁶
- People 'in recovery', identified with green dots on the maps¹⁷

Neither the number of conflict lines (red lines on the maps) nor the number of positive/coherent lines (blue lines on the maps) representing relationships among veterans' social groups between baseline and follow-up were shown to be statistically significant.

These positive findings are reinforced by the qualitative one-to-one data analysis, where all 23 veterans identified improvements in their social networks and increased engagement with social activities since joining the Right Turn project, even if this was simply going to the formal weekly Right Turn meetings. While all 23 veterans reported feeling positive about their own expanding social networks, the extent to which they were happy about these changes ranged. Within the sample, 43% (10 veterans) reported feeling 'Very positive', 35% (8 veterans) as feeling 'Good' or 'Positive'; 9% (2 veterans) reported being 'Happy' about the smaller number of social networks they have made since engagement, reporting their satisfaction, e.g. "but [that's] all I need"; and 13% (3 veterans) reporting feeling 'Much better' since engaging with the project - as the only social network they have access to, thus reducing these veterans' social isolation. However, as yet this 13% (3 veterans) reported having not, as yet, made many social networks outside of the Right Turn group.

5.2.2 Changes in social network characteristics

The analysis of qualitatively sourced data about social networks provides us with a more nuanced illustration of the nature of the new social groups formed in the veteran sample at follow-up. What is immediately apparent is that the veteran cohort has not simply increased the numbers of social networks they now engage with, but that the nature of these newly formed social groups is

¹⁴ Related-samples nonparametric (Wilcoxon signed-rank)

¹⁵ Baseline (Median = 5). Follow-up (Median = 7). Significance, $z = -2.130$, $p < .05$.

¹⁶ Baseline measures (Median = 2) follow-up (Median = 3). Significance, $z = -2.171$, $p < .05$

¹⁷ Baseline measures (Median = 1). Follow-up (Median = 2), Significance, $z = -2.072$, $p < .05$

qualitatively different than those engaged with at base-line. The new groups the veterans report engaging in at follow-up are presented proportionally for illustrative purposes here. The key differences are that, while the Right Turn veteran-specific recovery group still features as a social network, the veterans contact with this group has resulted in 87% (20 veterans) engaging with others from:

- the wider non-veteran specific recovery community, e.g. local mutual aid partnerships, Service user and Carer groups, Practical recovery groups, Recovery through nature groups and MIND
- the wider local community, which are neither recovery nor veteran-specific, e.g. fishing groups, choral groups, football clubs and work colleague groups

Further, of these 20 veterans, 14 were also engaging with the wider local Armed Forces community, in not recovery-specific contexts, e.g. The Royal British Legion and the Veterans Breakfast Club.

Relatedly, the statistical tests¹⁸ conducted during the quantitative analysis of repeat survey data demonstrate that although there is a tendency towards higher engagement in mutual aid and recovery group participation (RGPS) between baseline and follow-up¹⁹ - the difference is not statistically significant²⁰.

Whereas, this apparent increasing diversity in friendship groups veterans are engaging in was further underlined as significant during each of the longitudinal interviews (n=10), as veterans reported their social groups were becoming increasingly mixed, in a way they had not previously been, exemplified in the quotes below:

When I came out of the army I didn't have so many friends, I kept myself to myself. A lot of civilians who I know, I know it sounds daft 'civilians', friends, help me out a lot now (Quookie, T3).

Now- a mix, complete mix, often mixing as one group - veterans and civilians in the same group (Glassback, T3)

5.2.3 Family relationships

The qualitative data analysis identified that 78% (18 veterans) of veterans reported significant improvements in their family relationships since base-line, with 22% (5 veterans) reporting none.

¹⁸ Related-samples nonparametric (Wilcoxon signed-rank) tests

¹⁹ (Median = 9) and follow-up (Median = 11),

²⁰ $z = .546$, $p = .585$

The one-to-one interviews generated a multitude of examples of these reported improvements in family relationships, a selected sample of which are included below for illustrative purposes:

Before there was times when I was embarrassed to go and see him [young son] so I wouldn't turn up. And now I spend every moment I can with him (Glassback, T2).

I went on a bit of a wobbler and my Mrs - she got the telephone out and she phoned and all of the rest my friends from [the Right Turn] group to help me out (Drewsy, T2)

The Veterans Group has gave me my family life back. The family have come around. I haven't always been a saint. Family has come round to bring me back to reality and put my feet on the ground again (ManCity59, T2).

But the proudest thing with all that is that my son got back in touch with me after about 11 years. I hadn't seen him since he was 10 and he got in touch with me when he was 21. I was able to meet him and he came to my house and he stayed with me and I was sober (Tommy, T2).

5.3 Integration into the wider local recovery community landscape

Asset-based Community Development Mapping exercises were conducted to capture the regional 'recovery landscapes' (Wilton and DeVerteuil, 2006) which the Right Turn veterans are recovering into in each pilot site. This evaluation component was designed to assess the integration of the Right Turn project and their veteran group into the wider community in which they operate. Particular attention was paid to the wider community's awareness of, engagement with and integration with the Right Turn project initiative. The therapeutic landscape hypothesis asserts that once a 'critical mass' of organisations provides pro-social opportunities that support individual recovery goals, this should result in a reduction of the stigma often associated with drug and alcohol dependence, and increased visibility and accessibility of the recovery community. Ultimately this may also operate to reduce the wider social barriers to accessing addictions recovery services that are reported by veterans in the main body of this report, and help prevent often isolated veterans from seeking help within their own communities.

5.3.1 The mapping workshops

The workshop data gathered mapped levels of community engagement with veterans' issues across the following five dimensions:

- Employment Training and Education (ETE)
- Peer and Mutual Aid groups (and activities)
- Sports, Recreation and Arts
- Professional Services
- Community Engagement and Wellbeing, including opportunities for volunteering

In addition, the mapping exercise resulted in a critical group discussion among attendees regarding the identification of other assets in the community, such as: new organisations that could be invited to engage in veteran support work and: the re-strengthening of existing relationships with agencies, individuals and local businesses. Selected examples of these data rich activities are featured in Appendix 4.

5.4 Armed Forces Community support services mapping

The mapping activity highlighted that each of the five local areas where the Right Turn project delivery occurs has its own established and active Armed Forces Community specific forum. Each of the five community forums have existing links with a range of relevant agencies, services and committed individuals across all of the 5 dimensions previously highlighted. However, although we set out to audit the opportunities and activities in line with the five domains, in practice, we found some overlap between some of the domains- which is positive as it suggests that integrated opportunities exist. For instance, our mapping around 'community engagement and wellbeing' sometimes also reflected the opportunities and activities also outlined under the 'peers/mutual aid activities' and/ or 'professional services' domains. Thus, for some of the sites, the 'community engagement and wellbeing' domain appears less well represented than in some other areas.

5.5 ABCD activity outcomes

Whilst reflecting on the mapping activities during the workshops, other agencies and/ or named key individuals were identified for assertive connection into the existing community resources already listed. Two further common governance- related issues were also identified as requiring attention:

1. the central collation of information, services, opportunities and activities available to veterans in the locality, which is a veteran-peer task that the Right Turn veteran groups could take active ownership of
2. the development of clearly identifiable local pathway for those from the Armed Forces in terms of a signposting mechanism of, and between, the various services and activities- possibly utilising social media. This is where the identification of the Community Connectors

also undertaken within the ABCD mapping activity will be most strategically helpful to these community forums

3. each site committed to utilising the mapping activity briefing report they were provided with by the research team in order to develop into their strategic action plans

The issue of the future development of local veteran pathways into the community was also raised across sites. All signalled their motivation to incorporate these identified areas' into an action plan designed to strategically approach/ assertively link into these areas, summarised as follows:

- local theatres, cinemas, libraries, Public arts projects and utilising their area's green spaces
- local Community Rehabilitation Partnerships, Probation services and Project Nova, a - project supporting ex-forces personnel who have entered police custody
- local GP Co-operatives and Joint Health Needs assessment bodies
- the Citizens Advice Bureau and Legal support services

All participating forum sites were provided with a short briefing report containing the mapping and identified agencies/ individuals proposed for assertive linkage into their groups, with which to form the basis of their group development strategy.

5.6 Benefits of Right Turn project engagement in wider community

The potential community capital opportunities for Right Turn veterans of Right Turn project engagement in these wider community activities are significant. The opportunities for the Right Turn project in terms of their service users' engagement with these local forums are increasing Right Turn Veteran Recovery Champion opportunities to:

- engage in a wider variety of community-based peer/ mutual aid activities;
- get involved in a wider range of pro-social activities, such as sports and arts groups which are already geared up to work with those with a military service history and;
- expand their own social networks yet further into mainstream non-substance using group activities that support their recovery journey and assist in raising their sense of social connection to the community in which they live

In terms of the future development and extending the integration of the Right Turn initiative, direct project delivery staff attendance at these forums could prove beneficial through:

- assisting with raising both the number of referrals into the Right Turn project and increasing the number of agencies that refer veterans into the project, as this report has highlighted that current referrals into the project remain dominated by Addaction
- facilitating staff to making links and connections into local individuals/ agencies who work with currently serving or soon to be leaving the military cohort- thereby raising the opportunities to provide a clear and more expedient local pathway into the Right Turn project from the currently serving Armed Forces Community

5.7 Awareness of Right Turn within the wider community

The extent to which these Armed Forces Community forums were actively aware of and engaged with the recovery community, and within this the Veteran-specific recovery cohort, varied from site to site. While the ABCD mapping activity took place when longer established members were not in attendance and some sites contained many recently recruited new members, who would not be expected to know each local project in detail, this activity highlights:

- the importance of Right Turn maintaining consistent contact with the local forums and
- that the attendance model adopted by each Right Turn delivery site staff impacts significantly on the local forum awareness of the Right Turn project locally, e.g. where Right Turn site leads and/ or Veteran Recovery Champions attend these forum meetings - local awareness of the Right Turn project is higher, than where no direct representation from Right Turn project stakeholders are in attendance

Indeed, at two site workshops, local community forum members agreed that their forums awareness of the Right Turn project would benefit from the Right Turn project team committing to providing regular briefings and/ or updates at each forum meeting. This approach was suggested as a way of ensuring all new forum members were up to date with details and referral routes into the local Right Turn delivery site project.

5.8 Findings summary

In light of the findings presented above, the following key findings are identified as:

- a significant increase in the number of social groups to which veterans belonged is identified since project engagement

- most tellingly however, the nature of social groups has changed substantially, indicating a move away from substance user/criminal groups and increased interaction with groups containing those from the wider recovery community, the Armed Forces Community and their local community clubs and group, e.g. Fishing group
- all 23 veterans reported feeling positive about their own expanding social networks
- 78% (18 veteran) of veterans reported significant improvements in their family relationships since base-line

5.9 Recommendations

The following recommendations are proposed here:

- continue to deliver the project in its current format, which ensures Right Turn veterans experience an increase in their social capital and social network resources and their engagement has a positive impact on their relationships with family members

Further recommendations regarding attendance at community forum meetings locally are to:

- ensure that Right Turn service users are assertively linked in with existing veteran-specific community forum activities and networks- by taking them along to these forums
- ensure Right Turn is represented at each local Armed Forces Community hub/forum meeting (adopting the most effective model of attendance - that of the Right Turn lead, along with any number of Veteran Recovery Champions)
- utilise these forums for assertive recruitment into local Right Turn sites project
- ensure that any recruitment of Right Turn Veteran Recovery Champions attending these local forums remain supported by professional staff in each location

Section 6: Delivery staff perspectives

With regard to the evaluation aim of establishing the key characteristics of service delivery and lessons learned in terms of working effectively with a veteran population, this findings section presents the analysis of findings from the analysis of Right Turn delivery staff interviews, to directly address the following evaluation research questions:

- What are the key characteristics of the Right Turn service delivery that support veterans in their recovery?
- What are the experiences of key stakeholders in the project?
- What lessons have been learned in terms of working effectively with a veteran population?

6.1 Introduction

The analysis of the staff interviews allowed for the following identification of the key characteristics and lessons learnt by staff engaged in delivering on the Right Turn project, which is presented in this section.

6.2 Experiences of delivering the Right Turn project

The Right Turn project delivery staff reflected on the significance of ensuring the project was staffed by those with the ability to interact with veterans in a manner that made them feel understood and not being judged. While employing those with a military background was cited as ensuring this skills set, this was not considered to be essential for successful project delivery. All Right Turn delivery staff reflected that enthusiastic professionals demonstrating a willingness to learn about military culture was perceived equally as well. It was reflected however that a non-veteran staff member can sometimes face dismissive attitudes from the veteran they work with initially (e.g. such as being dismissed as a 'professional civvy'). However, this can be addressed by adopting professional values that veterans appreciate, such as loyalty, good time keeping and acknowledgment that service users with a military background are welcomed and valued by services, as acknowledged in the quote below:

"A lot of Veterans say 'oh I didn't think that your service was right for me' and just knowing that we're investing in it has given out a very positive message."

The delivery staff interviews highlighted the relevance of ensuring they had access to continuing professional development training, as they occasionally reported feeling unprepared for some

veteran-specific presenting issues, such as not feeling knowledgeable enough to respond confidently to PTSD-related behaviours presented. While all reported knowing where to sign-post to appropriate support, they expressed concerns around their immediate, in the moment response as potentially hindering, not helping the veterans in their care.

Relatedly, project delivery staff reported coming across commonly held misconceptions around veterans held by other professional staff in their community delivery sites. Some openly admitted their discomfort at the potential of working with veterans, due to not knowing how to interact with them. This is illustrated in the quote below:

"There are a lot of people who said they were nervous about talking to Veterans because they didn't want to ask them a wrong question that might trigger something and [that] if a Veteran said they needed X, Y and Z, [they] wouldn't know where to send them."

However, these fears and limitations to effective practice with the veteran cohort were cited as being addressed by veteran awareness training. One of the Right Turn delivery staff team who provides veteran sensitive practice training, reported:

"She actually said she found it very difficult to know what it was ok to say to a Veteran, what it was ok to ask, and she was very open, but, and you could almost see her face changing through the training, she got visibly more relaxed and kind of positive, and she's the one that's taking on the Veteran lead role [in her organisation]."

This finding highlights the significance of ensuring wider generic health and criminal justice staff have access to veteran awareness raising training.

6.3 Identifying key characteristics of the project delivery model

All Right Turn delivery staff agreed that the veteran-specific delivery of this project was a cornerstone to its success. Accepting that veterans prefer the company of other veterans, particularly at the outset of engagement was cited as being an important part of delivering on this project. The main rationales for this were two-fold:

- how veterans often struggle to interact on a deeper emotional level when non-veterans are introduced into the group context. However, it is important to state that of the two Right Turn delivery staff who are non-veterans themselves, both reported being 'adopted' eventually by the group- via their demonstrations of loyalty, good time keeping etc., as cited above)

- how veterans need a safe space created amongst others who both understand and accept them unconditionally and not judge them to ensure genuine engagement with their recovery journey

Signposting when further veteran-specific expertise is required, particularly in relation to mental health issues, such as the reporting of potential PTSD-related symptoms was cited as an important part of effective service delivery to this cohort.

Matching site specific activities to the characteristics of the veteran population accessing the services was highlighted as important. Being aware that many veterans struggle with help-seeking behaviour, means that Right Turn delivery staff see themselves as providing a first port of call or platform, from which veterans can fully engage in peer-support. In other words, delivery staff see the benefits of stepping back and letting the veteran group bond and take group responsibility for their activities, as this works well to "get them feeling that they're worth something in the community and giving something back to the community as well." However, maintaining a professional presence was cited as vital to ensuring relapse prevention is at hand, as illustrated in the indicative quote below:

"I started it off, I was leading everything first off, but then slowly but surely they started organising themselves (...) But the thing is you always need that cornerstone of support because when things start going a bit rocky for people they need just that person to turn to."

Exploiting the closed-knit group mentality of the veteran service users, when one veteran had a positive experience with a mainstream service, the veteran often shared this with his or her peers. These trusted recommendations more often than not were observed to lead to the encouragement of other veterans being involved in non-veteran specific services and ultimately challenged veterans misconceptions about non-veteran-specific services, as evidenced in the quote below:

"Like say they were working with veterans outreach or they're going up to SASS and they were engaging with other staff, then it seemed to not be as much of a problem, because people were saying, well actually the service is alright (...)."

6.4 Challenges identified to service delivery

Two categories of challenges to effective project delivery experienced were identified in the Right Turn delivery staff interviews. These challenges are categorised as: referral and recruitment issues, and impacts from the external sector landscape.

6.4.1 Referral and recruitment issues

Right Turn delivery staff interviews identified issues in project delivery experienced around referral and recruitment issues. For example, although veterans have been identified amongst wider Addaction service users, attendance rates at the project have proved relatively low at times. A clear stance has been taken by the Right Turn delivery staff that the referral procedure requires attention, as highlighted previously in section 3.7 of this report. Referrals to other services from Right Turn were cited as often being 'one-sided' with a lower referral route back from other services. Further, competition for recruiting veterans into services was highlighted as potentially isolating some extremely appropriate local resources, despite agreeing to work collectively towards veterans' needs. These issues are illustrated in the quote below:

"Yeah, I mean maximum I've had in the group is about five. So that was great, then what happened is the other provider that works within XXXX took that. Now I got very little referrals. I think that it has always been poor, the referral routes back."

It was further noted that recruitment methods have largely included a lack of diversity in veteran referrals, consequently resulting in a specific demographic make-up of the veteran specific service users:

"Veterans that come through 'drink wise age well', who tend to be older, tend to be more isolated, tend to be more kind of needy and less able to access things for themselves."

"It's the only group that's got any females going to it as well, they've got 1 token female there, and that's been quite interesting, how she's kind of perceived herself in relation to the, the men that are in the group and their experiences."

One innovative approach to improve veterans' access to services was reported as improving the project's direct ties to military establishments in the area, utilising a form of 'pre-emptive' recruitment method, as illustrated in the quote below:

"So I think they're the kind of learning points really and also that this whole thing about trying to get a foot in the door in the Military establishments, because if we can make friends with the Military establishment, then we can start getting referrals from them at the point of transition."

6.4.2 Contextual sector challenges

Project delivery staff reported a number of challenges to Right Turn project delivery, as being associated with the difficulties that arise from external pressures, for example having both the staff

and delivery contracts in place in order to provide the veteran-specific service, and delays in implementation. Further issues were identified regarding structural changes in roles and responsibilities, resulting in occasional gaps in service, as a direct result of contract tender issues. This was reported as creating uncertainty for both service delivery and veteran groups, as illustrated in the selected quote below:

"Well I have talked to my manager here and because we've sort of put it on the back burner really now because of the cuts that we've had. We are all part time workers and everything like that now."

"Veteran lead in XXXX has had to step down because, a number of reasons. She is also the service manager, and she's just implementing a big new contract, and she's also about to leave, so she's had to park the Right Turn role for a bit, so there hasn't been anyone in XXXX driving it really."

Relatedly, further resource constraints were cited as challenging attempts to improve retention rates in the service, with regard to veteran cohort priorities of engaging in new hobbies, meaningful activities and trips (also see section 7.1). Resource constraints were also cited as further impacting on Right Turn project delivery work loading issues, which can also interfere with other duties of their role, as epitomised by one worker: "I could do this [Right Turn] job five days a week and still not have enough time and still not be able to do my proper job", and also limiting relevant delivery staff accessible training opportunities.

6.5 Findings summary

As this section has demonstrated, the Right Turn project delivery staff reported the key successful characteristics of service delivery to be:

- the veteran-specific model of delivery
- to be delivered by a site lead possessing an understanding of military specific behaviours and the confidence to challenge these behaviours in this setting when appropriate

While the lessons learnt can be summarised as:

- a number of project delivery challenges require addressing at a strategic level, to ensure continued project delivery success

- ensuring veteran sensitive practice training is disseminated more widely in the delivery regions to ensure community professionals respond appropriately and are aware of local recruitment pathways

6.6 Recommendations

In light of these Right Turn delivery staff interview data, the following recommendations are made to enhance the continued successful delivery of this project:

- a longer term Right Turn project delivery action plan is recommended to ensure this project remains on the delivery agenda
- a piece of local referral development work is recommended regarding providing a reciprocal local referral pathway, which could potentially be approached in partnership between the Right Turn Veteran Recovery Champion cohort attending existing local veteran-specific community forum/ Armed Forces Covenant meetings
- the widening of veteran awareness training to local non-veteran specific services in the community is recommended, thus ensuring veterans accessing mainstream services respond and refer veterans they come into contact with effectively into the Right Turn project
- the provision of veteran-specific continuing professional development (CPD) training opportunities is recommended for Right Turn delivery staff

Section 7: Service user perspectives

With regard to the evaluation aim of establishing the key characteristics of service delivery and lessons learned in terms of working effectively with a veteran population, this findings section presents the analysis of findings from the analysis of the Participative Evaluation activities conducted with veteran groups in each site, in order to address the following evaluation research questions from the service users perspective:

- What are the key characteristics of the Right Turn service delivery that support veterans in their recovery?
- What are the experiences of key stakeholders in the project?
- What lessons have been learned in terms of working effectively with a veteran population?

7.1 Introduction

The evaluation team conducted participative evaluation workshop activities at base-line and follow-up with the veteran cohort in each of the five delivery sites. Accessing the priorities, expectations and overall assessment of the Right Turn project from a service user group perspective is in line with the strengths-based and community capacity building ethos and theoretical framework underpinning the evaluation design (see section 1). Participative evaluation activities (Reason and Bradbury 2001) were specifically adapted (see Appendix 2 for details) to facilitate researcher access to the meanings that lie behind group assessments, collective judgements and normative understandings (Bloor et al. 2001) which often may reveal 'how opinions are created and above all changed' (Flick 2002, p 119).

To aid understanding here, the base-line PEA workshop focussed first on gathering veteran cohort group data to identify what priorities for living a fulfilling life they felt the Right Turn project could help them achieve. Second to ascertain the groups' views on the most effective delivery model approach to success (n=35). At the follow-up PEA workshop activities, the priorities, barriers and facilitators identified at base-line PEA were re-presented to the remaining sample at follow-up (n=23). The groups were asked to consider if the Right Turn project had met any of their priorities, addressed any barriers and if so, to provide examples of the ways in which this had been achieved. The findings of this exercise are presented below.

7.2 Veteran in recovery priorities

The base-line PEA workshops (n=35) cumulatively identified three priorities the veteran group felt they required support with in order to live a fulfilling life. These necessities were prioritised as follows and the findings from follow-up activities presented to the repeat sub-sample (n=23) accordingly:

Priority 1: Engaging in fulfilling relationships and social connections which included engaging in new hobbies and activities with wider social groups: By follow-up, 78% (18 veterans) of veterans reported significant improvements in their family relationships since base-line. 100% (23 veterans) identified improvements in their social networks and expanding friendship networks since base-line and 96% (22 veterans) of the sample reported engaging in new group activities subsequent to joining the project. Also see section 5.1.1 and 5.1.2 for examples provided.

Priority 2: An improved sense of self-worth and increased life satisfaction, which included respect and recognition of their military service: At follow-up, 87% (20 veterans) reported an improved sense of purpose/ direction in life since base-line, 61% (14 veterans) reporting an improved sense of respect and recognition of military service since base-line, due to taking up opportunities to represent the project at conferences (8 veterans), and manning forces-specific stalls and community fairs (6 veterans), and thereby enhancing veterans sense of communicating an improved understanding of military service to the civilian community.

Priority 3: Having practical day-to-day essentials met which included engaging in meaningful employment-related activities and financial security: At follow-up, 78% (18 veterans) reported being provided with employment-related opportunities since base-line (see section 5.4 for detail). 65% (15 veterans) of veterans reported an increased sense of security in their dealings with day-to-day matters as the Right Turn project had assisted them- either directly or indirectly - i.e. being signposted to another agency to receive or access support for financial/ benefits issues and accommodation support. 96% (22 veterans) reported engaging in new group activities subsequent to joining the project. Also see section 5.1.1 and 5.1.2 for examples provided.

7.3 Addressing barriers to living a fulfilling life

The base-line PEA workshops similarly identified three categories of barriers that the veteran cohort felt impacting negatively on their ability to engage in a fulfilling life. These barriers were categorised and prioritised as:

Barrier 1: The incompatibility of military and civilian culture: By follow-up, over half of the veterans - 70% (16 veterans) indicated a sense of a more successful re-acclimatisation into civilian

society during interview. See section 8 for more detailed examples of the project's engagement impact.

Barrier 2: Life goals undermined by addiction, mental health issues and a lack of access to financial security: At follow-up, 87% (20 veterans) reported feeling an increased sense of stability and security about achieving their life goals. This renewed confidence in their own abilities was cited based on the Right Turn project's facilitation of: their new recovery status (also see section 4.2); access to appropriate management of mental health needs (also see section 4.3.2); and achievement of a level of financial security (see priority 1 above). The 13% (3 veterans) who did not report this sense of increased confidence and security come from the irregular attenders/ recent relapse group.

Barrier 3: Military conditioned responses: The reluctance of the veteran cohort to ask for help, particularly in the civilian context was positioned as being firmly rooted in their military service identity - a significant barrier cited in 100% of the veterans at base-line (n=35). By follow-up (n=23), 87% (20 veterans) asserted that the Right Turn model was an essential way of challenging and changing veterans military conditioned response, such as not communicating distress, by offering an environment that is veteran-specific.

7.4 Provision of facilitators to living a fulfilling life

The base-line PEA workshops resulted in the identification of three categories of facilitators that the veteran cohort felt impacted positively on their ability to engage in a fulfilling life. These facilitating factors were categorised and prioritised as follows:

Facilitator 1: Access to veteran-specific support provision: Only 13% (3 veterans) felt the veteran-specific element of the Right Turn project was anything other than an "Essential" (87%, 20 veterans) element of the success of their engagement with the project for them. Indeed, 100% (23 veterans) reported that the veteran-specific model of project delivery was the initial motivational factor to attend the project, as indicated by the illustrative quotes included below:

- "Someone mentioned it's a support group just for us veterans. I was instantly interested" (SMS%).
- "I definitely need to be amongst people who are veterans" (Catwoman)
- "'Well there's other lads that go there- I wonder if they can help me?' and that's why I came" (Lion)

Similarly, the reasons provided for continued project attendance were reported at follow-up, to be connected to the veteran-specific model, as 74% (17 veterans) reported their continued attendance as being: 'to maintain own recovery status within an established and trusted veteran group', while the remaining 30% (7 veterans) - cited their continued attendance as: 'to help reduce social isolation and as the veteran-specific project providing a purpose/ direction in life'.

Facilitator 2: The availability of a variety of substance use support, e.g. alternative therapies, medication, residential rehabilitation: At follow-up, 96% (22 veterans) identified accessing an appropriate range of therapeutic options through their contact with Right Turn. The alternatives reported ranged from Cognitive Behavioural Therapy to Animal Therapy.

Facilitator 3: Having day-to-day fundamentals in place, e.g. secure housing, finances and health management-related: The previous finding under priority 3 (see section 4.1) illustrates that veterans feel their engagement with the Right Turn project has left them feeling much more secure around the management of practical day-to-day issues, such as benefits, finances and housing. This was particularly identified in 52% (12 veterans) of cases as accessing assistance for financial issues (e.g. helping veterans fill in forms, ensure they are accessing the right benefits and budgeting support).

7.5 Findings summary

As this findings section has illustrated, despite the small cohort, the Right Turn project has successfully helped this veteran cohort to meet many of their life priorities by:

- facilitating veterans' increased engagement in fulfilling relationships
- providing opportunities for an improved sense of self-worth and an increased life satisfaction to emerge; and
- assisting veterans to manage their practical day-to-day essentials more effectively

The veteran-specific characteristic of the Right Turn delivery model has also been shown to have successfully addressed a number of barriers to veterans' beginning to change their behaviours, by providing:

- a model of treatment specifically tailored to veterans' unique needs, as accessing non-veteran-specific services had proved to be a barrier to previous recovery service engagement
- a renewed sense of confidence in ensuring previous addiction, mental health and financial issues would no longer prove to be a barrier to achieving life goals

- an essentially safe forum in which the cohort's conditioned military responses, which served as a barrier to behaviour change, could be challenged and changed in this veteran-specific environment

Finally the Right Turn project model has been shown to be successful in its delivery model to the 23 retained in treatment at follow-up, which corresponds to the facilitators to successful life changes identified by the veteran group themselves at base-line, through:

- the delivery of the project as a veteran-specific collective model of support service
- by facilitating veterans access to a wide variety of substance use support alternatives and complementary therapies
- delivering a project which ensures the day-to-day practicalities are managed effectively, leaving the veteran service users' emotional resources free to concentrate on their recovery

7.6 Recommendations

In light of the findings presented above, the following recommendations are made regarding the future development of this project delivery model:

- continue to deliver this project as in its current form, it facilitates veterans' engagement in fulfilling relationships; provides opportunities for an improved sense of self-worth; and an increased life satisfaction; and assists veterans to manage their practical day-to-day essentials effectively
- continue to deliver the project as a veteran-specific service - as this is the key characteristic of success according to those who access the project as service users
- ensure the project continues to ensure Right Turn veterans are assertively connected in to the wide variety of therapies available locally

Section 8: Military identity as a social identity pathway

"It's not just about recovery, it's about comradeship and it's something that - it's not given, it's earned" (ManCity59, T3).

This findings section presents the narrative and content analysis findings from the analysis of the sequenced veteran interviews, and selected quantitative data analysis findings regarding identity preference and change in this cohort from the base-line to follow-up survey analysis, in order to directly address the following evaluation research questions:

- What are the experiences of key stakeholders in the project?

Additionally, this section presents findings with which to assess the extent to which a veteran-specific recovery delivery model may be considered to function as an effective social identity pathway for veterans into recovery services and beyond.

8.1 Introduction

It is important to note at the outset, that all of the 23 veterans who engaged in this evaluation have had unique experiences and different life journeys. However, for the purpose of this section of the evaluation, this content analysis of the veteran narratives is focussed on identifying similarities in their subjective experiences and any narrated changes in identity preference over the course of their engagement with the Right Turn project. For data analysis detail, see section 1.10 and section 1.4 for methodological and data analysis rationale. To aid understanding of this section's approach, the key notion explored here is that while gaining a recovery and desistance status may be a necessary condition for life improvements, it has been highlighted that those in recovery also require a positive social identity built around cessation, which are argued to support the sustainability of successful outcomes post treatment (Dingle et al. 2015; Buckingham et al. 2013).

8.2 Base-line interview themes

The qualitative analysis of the episodic interviews conducted with veterans across their engagement with the Right Turn project highlighted three dominant themes identified as being similarly linking the 23 narratives at base-line, identified as:

- positive narration of past military identity
- negative narration of leaving the armed forces
- inconsistent narration of social isolation and inability to integrate into civilian community

Theme 1: Positive narration of past military service identity

All veterans narrated their past life experiences of military service with a sense of pride. As the veterans articulated their memories of a military career, which ended on average twenty-three years earlier, these experiences were constructed around three clear and key notions of their past military identity as being bound up with:

- a strong and positive sense of belonging and strong reciprocal kinship ties
- a positive sense of self, incorporating honour, duty, purpose self-efficacy and self-sufficiency
- an affiliation with alcohol use, described as: a social expectation; as a way of being accepted; and as a coping mechanism for strong feelings and emotions

No exception to this narrative summary was identified, even from the narratives of individual veterans that had not actively consumed alcohol whilst in the forces (8 veterans: see figure 2.3.1 for details).

Theme 2: Negative narration of leaving the armed forces

As highlighted in the section above, veteran's individual narratives reflected at base-line how they felt about their past active military identity, associating it with high levels of pride, self-esteem and of 'feeling important'. This contrasted dramatically with their recounting of their current identity as ex-military, of which 78% (18 veterans) were suffused with low levels of self-esteem and 83% (19 veterans) defined by high levels of social isolation. These issues form the second significant similarity theme linking the base-line narratives across the sample, identified in 74% (17 veterans) of narratives being dominated by expressions of bereavement, abandonment and rejection associated with their leaving service. A small selection of data examples coded under this theme are used illustratively below:

It felt [like], a sense of er bereavement. I were gutted actually. But I had the sense of erm I needed to bring my son up. Since my loyalty shifted from the army, I hated coming out (ManCity59, T1).

That day I drove away, it was one of the worst days of my life, just didn't know what to do (Gillie, T1).

Likewise, the individual veteran's narrations of the demobilisation stage of their lives were largely articulated through generalised concepts of alienation and general social bewilderment.

Theme 3: Inconsistent narration of social isolation and inability to integrate into civilian community

While as highlighted in the section above, the individual veteran's narration of the demobilisation stage of their lives were articulated through concepts of alienation and social bewilderment, these articulations remained similar in 70% (16 veterans) of cases at follow-up, when recounting of their current social interactions in civilian life. The third significant similarity linking these 23 narratives identified is the extent to which the early narratives were subjugated in 83% of cases by inconsistencies between narrating painful social isolation (19 veterans) alongside and in all cases, a perceived inability to integrate into civilian community (23 veterans). These themes are narrated at base-line through strong expressions of incompatibility between military and civilian life (23 veterans), and narration of rationales for, apparently obvious, inability to neither integrate into civilian society nor adopt a civilian identity.

8.3 Follow-up interview themes

The change in qualitative nature of the narratives at follow-up stage could not have been more pronounced since base-line interviews. Four significant themes narrating this change in narrative focus, when compared to base-line priorities, link the 23 narratives at follow-up, are identified as:

- reconnection with positive military identity-related traits, e.g. self-efficacy
- social reconciliation/ re-orientation to civilian society
- harnessing an alternative military veteran citizenship
- re-connection- not disconnection with past military identity

Theme 1: Reconnection with positive military identity-related traits in a peer group setting

The first dominant feature linking the individual veterans' narratives at follow-up is the theme of reconnection with positive military identity-related traits in a peer group setting. This theme was illustrated by individual veteran narratives being suffused with increased confidence and self-efficacy about engaging within a peer group setting. Veterans' narratives described a renewed sense of belonging to the Right Turn group, where shared, collective characteristics were described as 'tapping into' and 'reconnecting' with a communal structure and the positive military traits they both recognised and identified positively with. Individual narratives contained excitement about the opportunity to re-ignite the camaraderie, loyalty, energy and drive associated with their past military identity into a present-day setting. Data coded within this coding category are identified in all 23 individual narratives, indicated by the data selection below, by way of illustration:

I've got back in the, that military get up and go, where I can't let people down now (ManCity59, T2).

Not giving in to a problem. I think that I got that from the military, keep trying, keep trying, and hopefully eventually you will obtain your goals (Four Twenty, T2).

You all look after each other - it's that compassion. The veterans, they can understand that because they've been through it too (Happy, T2).

So timekeeping, stuff like that, and be able to think on your own, just be able to think on your feet, problem solving (Ned, T2).

This clearly enhanced the veterans' feelings of belonging in a group where you were both accepted and understood as addressing the social isolation theme identified in base-line interview narratives. This opportunity appeared to facilitate veterans to work collectively to reconcile negative self-narratives since leaving military service and data indicates that in some individual narratives, this resulted in some 70% (16 veterans) of narratives beginning to illustrate an increasing sense of positive identity coherence. In this way, the Right Turn group can be described as operating as an apparent 'social anchoring' mechanism, a concept that re-links issues of identity, security and integration, (Grzymala-Kazlowska 2016) for this particular veteran cohort. This veteran-specific model can be seen as facilitating peer interaction, which 'grounds' veterans in their positive experiences of military life. This process is illustrated with a renewed sense of belonging or re-connection to the positive aspects of their military socio-cultural group identification. For example:

It helps you bring out all that military stuff again which is no matter what you do it's heavily morally based, if you like, on doing the right thing. The job, whatever you have done in the forces is like: "Try your best, do the right thing, and good things will happen". So just having that with the other people being there, and everyone goes to that group because their life isn't going the way that they want it, or the way they planned it, so you're going there with wanting to change and so having it veteran-specific, and all of the others in there, it helps you do that and achieve that and it changes you. It changes you, yeah. (Gillie, T2).

I can't emphasise the point enough because military personnel function in a completely different way to people in the civilian community and it doesn't mean that the military personnel are better than the civilians, it's nothing about that, it's a completely different role that they do, but they have certain expectations (Splodge, T2).

Theme 2: Renewed sense of belonging, reconciliation/ re-orientation to civilian society

As noted in section 5.1 under theme 3, veterans' narratives contain both implicit and explicit references to their sense of social isolation and disconnection from civilian society on leaving their forces life. A second significant theme from base-line interviews, identified in 70% (16 veterans) of cases, links the veteran follow-up narratives, to indications that a process of reconciliation to civilian life have begun to emerge. Data coded under this theme are exemplified by the quote below, by way of illustration:

I mean I had problems with alcohol before I left the army, but I thought that was normal because when you're in the army on your down time you drink. And you don't do that in civilian life, y'know, it's different. So there was that transition - to be told that you don't act like that on Civvie Street. I mean we'd be sitting around a table [at Right Turn] and we'd be coming out with comments and she'd be saying, "You don't say that in polite conversation; that's not how we do it". So she was kinda teaching us what being a civilian is and that is a really good thing. [Now] I can speak about things in and not be embarrassed and not feel that I'm being stupid (Tommy, T2).

Because military personnel function in a completely different way to people in the civilian community and it doesn't mean that the military personnel are better than the civilians, it's nothing about that, it's a completely different role that they do, but they have certain expectations (Splodge, T2).

In this way, veterans reflected on the veteran-specific 'space' as being a safe environment where they felt accepted and unjudged, thereby facilitating a renewed sense of group belonging. This results in a group setting comfortable enough for veterans' military conditioned attitudes and behaviours to be challenged and changed. The Right Turn delivery model therefore enables an active space for reconciliation into civilian society for veterans to occur. This reconciliation theme was expressed in many different ways across the follow-up narratives in terms of the Right Turn project providing them with a positive sense of belonging, with 96% (22 veterans) of the sample referring to an increased sense of belonging at follow-up.

Some 13% (3 veterans) of veterans' individual narratives expressed gaining from substance using and criminally active social networks previously. This issue is most explicitly linked to other identities available to veterans, illustrated in the quote below:

The Right Turn lot help you prioritise, like what's right and what's wrong, because you can get wrapped up in, you know, like criminal justice, the criminal world, because you don't

want to enjoy it while you're in it and it's just that you're looking for that is probably the closest thing that you can get to the military when you tick. You know, because it's like there is a bit of a rank structure, a bit of a take no prisoner's attitude and this, that and the other but the Right Turn helps you to see that there is other ways (Gillie, T2).

Further data coded within this theme is illustrated below, as 48% (11 veterans) of veterans' narratives appeared to be increasingly accommodating of and in some cases more trusting of the civilians in their lives, a distinct change from the mistrust narrated at base-line.

When you are involved with Right Turn...it's getting out your preconception of other people that is surprising (SMM%, T2).

You go to the Right Turn group and it helps build that civilian identity if you like. Being able to go out in to the world and not 'tolerate' civilians, but sort of realise "well I am a civilian now", and have that like change in thinking of being like 'I'm not going to get very far if I think that every civilian is an alien', if you like. I've got to conform, but you've got that safety net from the Right Turn that helps you make that transition (Gillie, T2).

I'm not as dogmatic as I was. I'm much more understanding of other people's points of view, whereas before it was my way or it wasn't getting done. You're either with me or against me. [I'm] a bit more understanding- more mellow basically (Tommy, T2).

Theme 3: Unpacking and harnessing an alternative identity

The third significant theme linking the 23 veterans' narratives since base-line is the sense that many veterans were no longer holding onto their military conditioned behaviours quite so vehemently, with increasing evidence being shown in 70% (16 veterans) of cases at follow-up of increasing acceptance of their life in civilian society. Yet many, 91% (21 veterans) continued to explicitly resist civilian identity, reinforcing the same quantitative findings inserted at the end of this section, typified by selected illustrative quotes below:

"I think I can co-exist with the civilian world, but to be totally integrated into their mind psyche...No" (ManCity59, T2).

I'm *like* a civilian, yeah (Glassback, T2).

Further evidence of an increased reflexivity around identity change status from being so military-identity focussed in the past seemed to illustrate veterans' narratives (as demonstrated in quantitative data findings in section 4.4), in 70% (16 veterans) of cases, of gaining an identity coherence in the veteran peer group context. Despite the cited World War I and II associations with

the term veteran (see Dandecker et al. 2006) at follow-up, 70% (16 veterans) of individual veteran narratives appear to show increasing willingness to adopt the veteran identity. Examples of this themes coding is included below:

Before Right Turn - well I never seen myself as a veteran before (Scouse, T2).

The main thing for me is I just took on, I don't live my life as a serving soldier anymore. I don't have the attitude of a serving soldier (Glassback, T2).

Despite these clear re-orientation of identity processes identified in follow-up sample narratives, when given the explicit choice of group identity label, 43% (10 veterans) selected the 'Veteran' label, while more than half, 57% (13 veterans) elected to abridge their veteran group identity to distinguish a more contemporary identity status (e.g. with ex-forces, ex-military, ex-service) which, however, firmly linked with their previous military identity. This may reflect that in Britain, 'the tradition of civil-military relations was developed long before the development of the modern citizenship state long before service members were in any position to enforce robust citizenship rights' (Dandecker et al. 2006, p 162).

However, evidence of these military veteran citizenship-linked characteristics was identified at follow-up, as illustrated under theme 2 above, in that these characteristics are set within civilian society expectations of behaviour (in terms of duties, rights and privileges), but as highlighted above- these remain firmly located within their desire to remain firmly linked to, but not the same as, their former military identity. Further evidence of this awakening of military veteran-citizenship-linked-concept characteristics was identified in 87% (20 veterans), particularly from those veterans attending conferences and public policy meetings with the Right Turn group, to veterans manning Armed Forces Community stalls and Veteran Employment Fairs. An example of the less explicit narrative references coded to this theme are illustrated below:

Because people like me were feeling lost, after you've done your conscript and then the exit - door's there, don't look back, carry on - we've finished with you. So it's to give us, yeah, peer groups and purpose groups, not just, 'oh it'll make a politician feel good for a weekend' (ManCity59, T2).

I don't think they do enough. Not just for veterans, for a lot of people, but you know if you're prepared to turn that soldier in to a war zone what you've created and then just throw him on the heap - you know, give him a chance. No preferential treatment, not wrapped up in cotton wool, but to say you're a veteran, you're entitled to this (Happy, T2).

The Right Turn project engages veterans' sense of inclusion and encourages active citizenship rights and duties in both the communities they reside in and with broader political and policy aspects around veterans' issues. As in section 5.2.2, 87% (20 veterans) in the sample have become active members of society through engaging in activities, both increasingly outside of the veteran community, and also in more public-facing activities and increasingly become vested with the rights, privileges, and duties of a military veteran citizenship (also see section 5.2.2).

In this way, this proposed military veteran citizenship social identity is adjunct to past military identity, but distinguished from both serving military and civilian identity; and yet is forward rather than past-focussed, whilst also acknowledging both the full and positive rights and duties associated with concepts of citizenship bound up with a valued military veteran citizenship within civilian society. This a social identity therefore related to belonging to a desired and attractive group.

Theme 4: Re-connection- not disconnection with past military identity

The fourth theme, linked to the points made above, linking the individual veteran narratives at follow-up is that importantly, this identity change process does not involve 'knifing off' or dissociation in any way from past military identity. Rather 96% (22 veterans) of individual narratives indicate that Right Turn group membership has operated as providing veterans with an alternative military-linked identity. Not however as a step back into their past- but as a platform from which to step forward, embedded in the identity concept of military veteran citizenship as mentioned above. Data coded to this theme are exemplified in the quotes included below:

I've not lost my military identity at all, if anything getting back involved with military.....has sort of cheered me back up again, it's made me remember exactly what I did and all that and made me a bit prouder, so I've not turned my back on my military history in any way, shape or form (Glassback, T2).

Not trying to remove the military identity- because I still think, no matter, until the day I die probably, I'm always going to think - yeah I was in the Army (Captain, T2).

The affirmation of military genealogy within the peer group setting proved significant for the veteran group. While as previously mentioned, while an opportunity for transformations to and the updating of this genealogy to reflect the reality of their civilian society, was valued, a strength-based approach to military identity remained of upmost significance.

8.4 Longitudinal interview themes (n=10)

The longitudinal interview narratives (n=10) demonstrate less significant changes when compared to follow-up narratives, rather demonstrating the embedded nature of the changes identified at follow-up. The longitudinal narratives are linked across the individual veteran narratives with regard to two significant themes identified:

- increasing identity coherence
- increasing activities with non-veteran specific communities

Theme 1: Increasing identity coherence

The key theme identified in the longitudinal interviews in comparison to follow-up narratives is the increasingly coherent identity within and across 70% (7 veterans) of the longitudinal interview sample. Data coded to this theme are included below:

I class myself as a veteran and I've actually got pride to be a veteran now, but where a few years ago I didn't, I had no pride, I had nothing (Scouse, T3).

I feel I belong in both camps to be honest with you, yeah, I'm just me, I am a veteran, I'm also a civilian obviously now and I'm just doing my thing. We work on tolerance and patience and understanding and things like, but it's not something you can just - it takes time basically. Because even though previous to the Right Turn I was volunteering at Addaction and running groups and allsorts, it still wasn't – I didn't feel whole, if you like, and [Right Turn] that is what that gave us, the last piece of the puzzle (Glassback, T3).

I see myself as a veteran and it's quite straightforward really (Robby, T3).

You've got to understand that it's a role that you played. You're not a soldier. You *were* a soldier I've changed. The unwillingness to ask for help, which is an Army thing - it's showing a sign of weakness, that's an Army thing which I've got rid of that, but you can sort of cherry-pick, when you have a good chance to have a good look at yourself (Splodge, T3).

Theme 2: Increasing activities with non-veteran specific communities

The second significant theme identified across the longitudinal interviews is the extent to which 90% (9 veterans) of the individual narratives highlight the increasing acceptance of and embedding of interaction with more mixed friendship groups, and in 60% (6 veterans) of cases increasingly engage regularly with community groups, which are not veteran-specific (also see section 5.2.2). Data coded under this theme is illustrated below:

I've got friends I count on, friends I trust, and yeah, always out and about with different – not just veterans, you know (Gillie, T3).

I volunteer with my church, I do the food banks at church. I do that kind of charity work (Happy, T3).

My biggest circle is people in recovery, you know, I spend a lot of – I volunteer down at Sheffield Alcohol Support Service and I sort of mix with all sorts of people that are in recovery (Four Twenty, T3).

As one Right Turn service user, now working with veterans in recovery likewise reflected:

The Right Turn's a good first point of call and we can get them into treatment, their views change. We find certainly they're much more open to engaging with mainstream services, but initially we need to get them in (Glassback, T3).

One of the sample however was clear that with regard to interacting with civilians, outstanding issues remained for some:

I still struggle around civilians- I do. When I was trying to, for years and years, put up with – and it was driving me down, putting up with petty civilian gripes (ManCity, T3).

8.5 Self-efficacy and military identification- a quantitative correlation

While this section contains largely qualitative data analysis findings, it is considered important here to include a number of quantitative data analysis findings that substantiate the details proposed in this section regarding the significance of military identity preference within this cohort, linked to the themes raised in section 8.2 particularly:

As might be expected, at both base-line survey data²¹ and follow-up, reported self-efficacy is negatively correlated with drinker/user identification²² and with addict identification²³. Similarly, at base-line, self-efficacy was negatively correlated, with: addict identification²⁴; and drinker/user identification²⁵. Tellingly however, at base-line, civilian identification was *negatively* correlated with

²¹ Spearman's rank-order correlations

²² at baseline, $r_s = -.659$, $p < .001$

²³ $r_s = -.544$, $p < .01$

²⁴ $r_s = -.511$, $p < .05$

²⁵ $r_s = -.444$, $p < .05$

self-efficacy²⁶. This may be taken to suggest that civilian identification may be hindering recovery and desistance processes for this cohort.

By way of contrast, military identification was identified as being *positively* associated with self-efficacy²⁷. Given the above negative link between efficacy and addict identification, this finding emphasises the important role military identification can play alongside agency in facilitating desistance. Further statistical tests²⁸ showed a strong positive correlation between military identity and recovery capital ($r_s = .477, p < .05$)²⁹ at follow-up.

In the context of this particular veteran cohort, these findings support the proposition that military identification plays a significant role alongside self-efficacy in facilitating the recovery and desistance process.

8.6 Findings summary and discussion

The analysis of veterans' narrative change data over the course of their interaction with the project has illustrated the complexity of a military specific social identity-related pathway out of addiction. From the analysis provided above, we can see this identity resource delivery model facilitates the 'leaving behind' of negative past identity-work linked behaviours (e.g. addiction and criminal activity), which are incongruent with their future-facing positive veteran citizenship model of identity. By placing veterans' problematic behaviours within their own identity change narratives, recovery from addiction and maintaining desistance can be viewed as a necessary, but not sufficient condition-without the provision of an alternative military veteran identity.

As this report has demonstrated, many Right Turn veterans have achieved this goal, and others are progressing through this identity transition trajectory. This has been achieved through the project model's facilitation of the adoption of a revised, but not new, identity - a positive veteran citizenship identity - which has been incubated within their veteran peer group. Therefore the attainment of recovery and desistance status for this cohort can be viewed as being facilitated by the improvement of social relationships and social network expansion, including but not restricted to veterans that have resulted in a greater sense of belonging for this cohort. This has had the subsequent result of a sense of successful re-integration into civilian society - through the attainment of this coherent, but distinctly positive veteran citizenship identity status.

²⁶ $r_s = -.453, p < .05$

²⁷ $r_s = .624, p < .01$

²⁸ Spearman's rank-order correlations

²⁹ $r_s = .627, p < .05$

Linking this exploratory military veteran citizenship concept to debates more broadly, it is generally acknowledged that the Armed Forces rely on extraordinary levels of social cohesion 'matched in few other social groups' (King 2006, p 493). Being in the military, whether exposed to combat or not, the bonds of comradeship (Rosen et al. 1996) are constituted as individual members commit to collective goals, even in the face of personal injury or death (King 2006). However, few interventions have utilised military identity resources, underpinned by the social identity theory framework and harnessed them as substantial and concrete assets, which can be cultivated in order to realise their health-enhancing potential (Jetten et al. 2014). From this perspective, the Right Turn veteran-specific delivery model can be described as providing a distinct and holistic social identity pathway for veterans, operating: as a hook into recovery services; as enhancing their reciprocal commitment to continued engagement in recovery services; and as gaining a transformed, but coherent and motivational military veteran citizenship - a positive and desired social identity which veterans can re-engage in wider civilian society.

Section 9: Secondary data control group analysis

The secondary data analysis was designed to address two primary questions:

1. Are there systematic differences between Right Turn clients and standard treatment seekers from Addaction treatment services (and similarly are Right Turn clients typical of the veterans who access addiction treatment services)?
2. Are the outcomes associated with the Right Turn clients different from non-veterans from the same services? Again, this is addressed by comparing Right Turn clients both to veterans who do not receive the Right Turn intervention and to non-veterans matched as closely as possible.

In other words, the first question assesses whether veterans present with the same set of treatment and support needs and the second whether they respond differently to the treatment that is provided.

9.1 Approach to comparison group analysis

The source for the analysis is the Treatment Outcome Profile (Marsden et al. 2008) that is collated as part of the National Drug Treatment Monitoring System, a routine data capture process initiated by the National Treatment Agency for Substance Misuse and now maintained through Public Health England. The data that have been used for the current analysis are baseline data (gathered at the point of presentation to Right Turn or to treatment) and, for research question 2, the exit or most recent TOP form available. At the end of this section, there will be some discussion of the strengths and limitations of this approach.

The three populations included in this analysis are:

1. Right Turn participants (n=49) labelled as the Right Turn group
2. Non-Right Turn Veterans (n=111) labelled as the general veteran group
3. A matched sample of treatment seeking non-veterans drawn from the same sites as the Right Turn sample included in the primary data collection section (n=80) labelled as the general treatment group

9.2 Significant differences in comparison groups

There was a significantly higher proportion of the Right Turn sample (93.9%) and the veteran group (91.0%) who were male than of the treatment group (66.3%; $\chi^2 = 25.42$; $p < 0.001$). The Right Turn group were significantly older (mean = 50.3 years) than both the general veteran group (mean = 43.0 years) and the general treatment group (mean = 45.5 years; $F = 6.68$, $p < 0.01$).

There was also significantly lower illicit substance use at the start of Right Turn engagement (73.9%) than among either the general veteran group (93.7%) or the general treatment group (91.3%; $\chi^2 = 12.90$, $p < 0.01$). However, this may result from the fact that initiation into Right Turn may have occurred during treatment for the Right Turn group, whereas the other two groups had baseline data that constituted treatment initiation. There were no significant differences in reported offending between the three groups, nor were there significant differences in reported rates of physical health (all three groups had mean ratings of between 11 and 12 on a scale rating health between 1 and 20 where higher scores indicate better health). Although the Right Turn clients reported higher average scores on psychological health (mean = 10.7) than either the general veteran group (mean = 9.4) or the general treatment group (mean = 10.0) these differences did not attain statistical significance.

While the social identity mapping work has suggested that the Right Turn population have low levels of social group participation, this is not supported by the data from the secondary analysis of TOPs. While 14.6% of the Right Turn group were identified as socially isolated, this was the case for 12.7% of the general treatment sample and 24.2% of the general veteran sample, and the differences were not statistically significant.

9.3 Overview and implications

Before drawing preliminary implications it is worth commenting on some of the limitations of this analysis. We do not have a directly comparable sample - the Right Turn group were selected from the baseline of their engagement with Right Turn - not with treatment, whereas the other groups were selected on the basis of being new to treatment. Nonetheless, what is clear is that this is an older population and is typically of male gender. There were no clear differences in their physical or psychological health at the time of initiating the programmes although the rate of illicit substance use was lower among the veteran group. At the time of the baseline assessment, rates of social isolation were no higher in this population. From this analysis, there is no clear justification for a separate treatment pathway or model for this population.

9.4 Changes over time

The same basic sample were used less those who did not have follow-up data meaning that the number of cases where there was at least a baseline TOP form and a current or exit TOP form was:

- Right Turn group (n = 25)
- General veteran group (n =111)
- General treatment group (n=79)

The analysis of these data will be presented in three stages, directly addressing research questions:

1. Was there positive changes across the whole cohort from baseline to follow-up?
2. Was there evidence of positive improvement in the Right Turn group based on TOP data?
3. Was the veteran group doing better or worse than the two control groups at the final TOP completion point?

Table 9.4 shows the basic change pattern in a range of wellbeing measures from baseline to follow-up. Thus, while there is an extremely positive change in substance use (reducing from 92.9% to 52.1% reporting at least one day of illicit use) and the almost complete elimination of what little offending was reported at baseline, this is not reflected across the indicators.

Fig. 9.4: Changes in functioning in total population from baseline to Exit / most recent TOP (n=194)

Variable	Baseline	Exit / Most recent	T or chi (significance)
Psychological health	9.9	9.0	t = 1.41 (ns)
Physical health	11.4	8.9	t = 4.13 (p<0.001)
Paid days of work	3.5	2.1	t = 2.08 (p<0.05)
Shoplifting days	0.3	0	t = 2.04 (p<0.05)
Drug selling days	0	0	t = 1.00 (ns)
Theft days	0	0	t = 1.00 (ns)
Other property crime	0	0	t = 1.00 (ns)
Fraud or forgery days	0	0	t = 1.00 (ns)
Violent crime days	0	0	t = 1.00 (ns)
Using at least one illegal substance	92.9%	52.1%	chi = 14.05 (p<0.01)

Thus, in the whole population there is a small but non-significant deterioration in psychological health, a significant deterioration in physical health and a reduction in meaningful activities from

baseline to follow-up. This would suggest that, across the Addaction treatment cohort, there is an improvement in the core objective around substance use but deterioration in some wider measures of wellbeing.

9.5 Right Turn cohort change

Table 9.5 below shows the same results for the Right Turn cohort only. The picture is more encouraging for the Right Turn group than the overall group. While all of the Right Turn group were using at least one illicit drug at the baseline point, this has reduced to less than half by the follow-up point. Also there is a slight improvement in physical health and a significant improvement in psychological health, while no offending is reported at either time point.

Fig. 9.5: Changes in functioning in Right Turn cohort from baseline to Exit / most recent TOP (n=20)

Variable	Baseline	Exit / Most recent	T or chi (significance)
Psychological health	11.3	14.3	t = 2.17 (p<0.05)
Physical health	13.2	13.8	t = 0.53 (ns)
Paid days of work	3.6	2.1	t = 0.56 (ns)
Shoplifting days	0	0	t = 1.00 (ns)
Drug selling days	0	0	t = 1.00 (ns)
Theft days	0	0	t = 1.00 (ns)
Other property crime	0	0	t = 1.00 (ns)
Fraud or forgery days	0	0	t = 1.00 (ns)
Violent crime days	0	0	t = 1.00 (ns)
Using at least one illegal substance	100.0%	47.4%	chi = 4.44 (p<0.05)

It is only in terms of employment that there is a slight deterioration which is probably non-significant because of the reduced statistical power of a sample of only 20. No offending is reported by this group at either point

9.6 Comparing all groups at follow-up

Table 9.6 reports the functioning levels at the exit or most recent completed TOP forms for the three populations:

Figure 9.6: Follow-up wellbeing and functioning in each group

	RT group (n=25)	General treatment group (n=79)	Veteran group (n=111)	F or chi (significance)
Psychological health	15.1	14.6	4.7	76.44 (p<0.001)
Physical health	14.7	14.5	4.4	94.61 (p<0.001)
Days of paid work	1.7	3.3	1.7	1.55 (ns)
Involved in crime	0	2.9%	1.7%	chi = 0.41(ns)
Used at least one illicit drug	38.5%	62.5%	45.0%	chi = 7.02 (ns)

9.7 Findings summary

What is striking about this analysis is that while the Right Turn clients are functioning at least as well as standard treatment clients, there is relatively poor physical and psychological health among the veterans who are not receiving the Right Turn intervention, with clear evidence of a significant deterioration in functioning in this group.

Paid employment remains a serious and major challenge for both of the veteran populations, with slight deterioration over time and marginally worse engagement than the general treatment group. Although the Right Turn group have no crime involvement and the lowest rate of substance use at follow-up, neither of these differences were statistically significant.

Overall, there is clear evidence that the Right Turn population do benefit from engagement in the programme and that they do not show the same worrying decline in wellbeing seen in the general veteran group in both health measures. They also show clear improvements in substance use but it is around meaningful activities that the Right Turn group (and the wider veteran population) are not showing positive outcomes. This point is however somewhat at odds with data from the Right Turn veterans engaging in the evaluation activities (see section 4.7), which indicate that well over half (65%, 15 veterans) of the sample are engaging in meaningful activities at follow-up. A future

consideration recommended based on this finding, is to refine the existing monitoring data capture tool to ensure activities other than employment are also captured more effectively.

Section 10: Key findings, conclusions and summary recommendations

10.1 Introduction

Each year roughly 17,000 people leave the UK Armed Forces and the vast majority transition successfully into civilian society. A small but significant number of ex-forces personnel have been identified that face experiencing physical and mental health issues, substance misuse and coming into contact with the criminal justice sector on transition to civilian life. This cohort have been identified as experiencing specific barriers to accessing mainstream support services with growing evidence that many veterans only come to the attention of statutory services many years after leaving the armed forces. Robust data on the various dimensions of former Armed Forces lives are scarce, particularly a year or more into post-service life. The level of care the UK military veteran community receive in UK society has increasingly become a politicised matter and the most effective support delivery model to adopt is currently being deliberated.

As outlined in the theoretical framework section of this report, a growing body of research asserts that both social networks and identities have a profound impact on recovery and both mental and physical health (Best et al. 2016b; Jetten et al. 2014). Whilst being alert to the notion that veterans' experiences of military culture membership may be somewhat unique (Caddick et al. 2015, p 97; Wainwright et al. 2016), these evaluation findings support the proposition, that within the context of this particular veteran cohort, that military/ veteran identification plays a significant role alongside self-efficacy in facilitating recovery and desistance processes. The value of viewing the veteran community culture within diversity and cultural competency³⁰ frameworks is beginning to be acknowledged (see, Herbert 2015; Cooper et al. 2016). The findings of this report indicate there may also be value in applying a social justice approach to this population. This report presents the findings from the first ever UK study investigating the experiences of a small sample of UK veterans' in an addictions recovery and desisting from crime cohort accessing a veteran-specific recovery service in the North of England.

10.2 Key findings/ results

This project delivery model, based on interaction with others in recovery with a history of military service is shown to be successful in assisting veterans holistically, to change previous behaviour, to

³⁰ The term cultural competence describes of an approach focussed on having an understanding of the uniqueness of an individual and groups attributed to by a range of features and experiences that contribute to the whole person such as behaviour, values, background, culture, belief or faith, tradition and language use (see Herbert 2015).

facilitate improvements in health and wellbeing and veteran successful integration into civilian community life, demonstrated by the following:

- the reporting of no criminal justice sector involvement and no active addiction status at follow-up and an increased engagement with meaningful pro-social activities, over half of the sample (65%, 15 veterans) have undertaken further education and training opportunities, 57% (13 veterans) are now engaged in voluntary work positions and 9% (2 veterans) reporting having secured full time paid employment
- a significant increase in the number of social groups to which veterans belonged is identified since project engagement, most tellingly however, the nature of social groups has changed substantially, indicating a move away from substance user/criminal groups and increased interaction with groups containing those from the wider recovery community, the Armed Forces Community and their local community clubs and group, e.g. Fishing group
- an increase in the engaging of veterans' belief in their own ability to succeed (self-efficacy) is identified, which is significantly linked to improvements in both physical health and overall quality of life
- a significant decline in the user/drinker identity within the Right Turn veteran cohort is identified at follow-up, despite the relatively short time of project engagement
- increases in recovery capital and social support were also established since project engagement

When compared to both matched non-veteran standard treatment seekers and matched veterans accessing non-veteran specific treatment services, systematically better outcomes for the Right Turn project engagers are demonstrated, as follows:

- overall, there is clear evidence that the Right Turn population do benefit from engagement in the programme
- significantly, when compared to the two matched samples, the Right Turn group have no crime involvement and the lowest rate of substance use at follow-up and relatively better physical and psychological health outcomes compared to veterans not accessing the project
- further, while the Right Turn engaging group in general showed improvements between base-line and follow-up, those veterans accessing generic recovery services and not the Right Turn project, have experienced a significant deterioration in functioning

The holistic and social identity benefits of this veteran-specific project delivery model, utilising military identification as a resource pathway into recovery services is further demonstrated within

this integrated mixed methods analysis findings report. The Right Turn project is shown to provide a positive and sustainable alternative *military veteran citizenship* identity, as demonstrated by the following findings:

- Identifying with military veteran identity from the quantitative data findings appears to be a protective factor, suggesting that the positive influence of expanding social networks is more clearly associated with veteran group specific characteristics and military identification is positively associated with self-efficacy and a strong positive correlation between military identity and recovery capital is identified
- In the context of this particular veteran cohort, these findings support the proposition that military identification plays a significant role alongside self-efficacy in facilitating the recovery and desistance process
- The veteran narrative analysis demonstrates that it is key for veterans to have the opportunity to reconnect with their positive military identity resources, which in a safe, peer group setting can lead to the opportunity to be more reflexive around their identity transformation
- Indications that a process of a renewed sense of belonging, re-orientation and reconciliation to civilian society occur are evident. Yet a civilian identity is resisted, as veterans elected to abridge their veteran group identity more explicitly to their military experience
- An awakening of military veteran citizenship linked characteristics is identified in later narratives. Remaining firmly linked to, but not the same as, their former military identity, particularly from those veterans engaging in public-facing opportunities provided within the Right Turn project activities

10.3 Key conclusions

The Right Turn veteran-specific project provides a culturally competent, holistic, collective identity-based pathway into support services for veterans. The positive impacts of this approach are demonstrated in full in the main findings report. This project is shown to deliver improvements in individual veterans' functioning and wellbeing and increases this cohort's social and community capital, thus aiding veteran integration into the local community and wider civilian society. This identity pathway delivery model operates throughout veterans' recovery journeys: as an attractor into support services; in enhancing their reciprocal commitment to continued engagement; and in facilitating the emergence of a transformed, but coherent and motivational, military veteran citizenship.

10.4 Key policy implications

Currently, from within the UK policy arena there is an increasing concern regarding providing the most appropriate support mechanisms which both acknowledge the significant contribution made by those having served in the UK Armed Forces and to provide the highest standards of care, most notably enshrined in the Armed Forces Covenant priorities. However, there is a limited evidence base from which to inform both local and national commissioning decisions.

This report highlights that even after extended period of time since leaving the forces, veterans still face challenges in civilian society. However, given the appropriate support services, veterans can, not only address a history of substance misuse and criminal justice contact, but go on to become valuable community assets. The veterans in this study, through embracing an active military veteran citizenship, are also embracing their opportunities to contribute to their local civilian community and to raising and affirming the profile of the wider Armed Forces community in the UK.

The clear message to policy-makers and practitioners working with veterans facing challenges is that the veteran cohort are more likely to both access and respond well to veteran-specific services. The implicit strengths of the veteran community include comradeship and the mutual resilience which underpins military life. Support services which take a strengths-based - as opposed to deficit-based - and culturally competent approach to military identity must build on this veteran mutuality. The Right Turn model operates by re-awakening identification with positive military related traits, which empower and validate the transition environment to the benefit of veterans, their families, communities and wider UK society. the often extended period of time since leaving forces life, veterans facing challenges in civilian life can not only address substance misuse and criminal justice engagement profiles, but go on to become valuable assets, contributing to their civilian communities and the wider Armed Forces community, though the concept of active military veteran citizenship.

10.5 Summary of recommendations

Detailed recommendations are made in response to each of the data findings, which are presented at the end of each section featured in the main body of this report. In summary, the three key recommendations regarding strategic development of the Right Turn project are:

- Celebrate, ensure continued project format delivery and also disseminate the Right Turn model as a good practice example of working with veterans in recovery from addictions and desistance from crime profiles. Engagement in this project has been shown in this study to impact positively on individual veterans, their families, communities and wider society

- Strategically initiate a piece of development work to clarify a well-developed and impactful referral route into the project locally. It is proposed this activity is conducted in partnership with local Armed Forces community hub/ forum and led by the Right Turn Recovery Champions. This will both ensure prompt and timely access to the project and also ensure a sustainable level of veteran participants in the Right Turn program
- Ensure Right Turn representation at each local Armed Forces Community hub/forum meetings are prioritised - adopting the most effective model of attendance - that of the Right Turn lead, along with Veteran Recovery Champions. This will expand assertive -linkage opportunities for improvements in social capital and community integration for Right Turn veterans and also enhance the community integration of the Right Turn project, whilst also ensuring the project is actively engaged with what is becoming an active and publicly visible military veteran citizenship community movement

10.5.1 Future research focus

From a future research focus perspective, the following recommendations are made:

- Consideration of potential opportunities to further test the social identity and military veteran citizenship model proposed in section 8 of this report
- Potentially longer-term research with regard to the opportunity of assessing the impact of early engagement with the Right Turn project in terms of any impact on employment and wellbeing

Appendices

Appendix 1: Veterans in recovery profile - base-line activities only (n=35)

The sample of thirty-five veterans recruited to the base-line activities for the Right Turn evaluation project had a mean age of 52.0 years (range of 33 to 70, ± 10.3) and were predominantly male (91.4%, 32 veterans). Twelve of the participants (34.3%) had dependent children (ranging from 1-5) although only five of them had the children living with them at the time of the first evaluation activity. Almost half (45.7%, 16 veterans) lived alone, with only four participants (11.4% of the valid respondents) living with a partner. Eight participants were married, 13 were separated or divorced, 12 were single, one was engaged and one widowed.

This is a group that had experienced considerable adversity - with 14 out of 35 having a lifetime history of homelessness; 5 on multiple occasions. Of the base-line sample, 24 had criminal justice contact across their lifetime and 11 reported no contact at all. Only one person was employed full-time at the time of the interview, with one person in casual employment and five involved in volunteering. Twenty-four participants (68.6%) were either unemployed or on Disability Living Allowance. The sample averaged 4.9 (± 5.2) close friends although 7 participants reported that they had no close friends. Nonetheless, 31 out of 35 participants (88.6%) reported that they mixed with other veterans on at least a weekly basis.

In terms of their military histories, twenty eight of the participants reported that they had served full time in the Army, a further 4 served as reservist in the Army (with 1 serving in both regular and reservist forces). Two reported serving in the Navy and 5 in the RAF. The sample reported a mean length of time in the military of eight years (mean number of months served = 101, ± 82.7) and a mean age of discharge of 27.4 years (± 7.2). In other words, the sample had left the military an average of 25 years prior to the interview. All 35 reported that they had enjoyed their time in the military, with the most positive things about the military being the camaraderie and sense of purpose (21 veterans), and the professional achievements (14 veterans). The most challenging things had been combat-related (9 veterans) and the physical demands (8 veterans). Twenty-four out of the 35 had experienced active deployment.

1.2 Substance misuse - base-line sample

During military service and post-military service	Post-military service only	Pre-enlistment, during military service and post-service	Pre-enlistment and after leaving military service only
13	10	7	5

1.3 Criminal Justice contact profile- base-line sample

11 of the sample of the baseline reported no criminal justice contact over their life time.

No CJS contact	Pre-enlistment only	Pre-enlistment and during service	Pre-enlistment, during and post-service	During and post-military service	Pre-enlistment and during service only	Post-military service only
31%	9%	3%	14%	9%	3%	31%

Appendix 2: Data collection instrument design details

Please see extra detail as indicated in section 2.6 of the main body of this report

2.6.1 Researcher administered survey

An interviewer administered base-line and follow-up survey, was developed integrating the following mixed methods and measures:

1) Quantitative scale data repeated at base-line and follow-up including;

- Assessment of recovery capital measures (Best et al. 2012)
- Assessment of social support (Haslam et al. 2005)
- Social identity scale (Buckingham et al. 2013)
- Military and Civilian identity scale (Albertson and Best, forthcoming)
- Self-efficacy and engagement scale (Perlin and Schooler 1978)
- Self-esteem scale (Rosenburg 1965)
- Recovery Group Participation Scale (RGPS); (Groshkova et al. 2011)
- World Health Organisation Quality of Life Mapping WHOQOL-BREF (World Health Organisation 1991)
- Physical health scale (Maudsley Addiction Profile, cited in Marsden 1998)
- Kessler Psychological Distress Scale (Kessler et al. 2002)

2) Within the survey detailed above, qualitative data collection tools were integrated within relevant and corresponding positions, in order to explore the veterans' interpretation of these experiences, including:

- Closed demographic detail questions, repeated
- A one-to-one semi-structured interview schedule at base-line only - focussing on establishing experiences and perceptions from pre-enlistment, during military service, leaving service and post-service life stages, up to the present day
- A one-to-one semi-structured interview schedule at follow-up only - focussing on establishing sequencing of and perceptions of experiences since engaging in the project; a time line follow back activity at base-line only
- An interactive mapping and sequencing of key life events, substance misuse profile, criminal justice contact and help-seeking histories activity at base-line only
- Closed social and community capital questions at base-line and follow-up
- Closed community connectedness questions at base-line and follow-up

- Closed medical status and mental health questions, leading into a set of open questions regarding the nature of these wellbeing issues at base-line and follow-up.

2.6.2 Interactive workshops

Three interactive workshops were designed, for different data collection purposes, as detailed below:

Workshop 1: Veteran social identity mapping workshop (n= 5 x 2)

A Social Identity Mapping workshop (see Haslam et al. 2016), was conducted in each of the five delivery sites. Each workshop was researcher led in a veteran group setting, where each veteran was assisted to complete their own Social Identity Map. These workshops were conducted at base-line and repeated at follow-up- to allow for any change to be assessed between the two data collection activities for comparative data purposes. This involved participants building an individual visual map, based on: 1. identifying the different social groups one belongs to (using post- it- notes); 2. Prioritising each social group (indicate importance rating); 3. Indicating compatibility and/ or incompatibility between groups and themselves and between each group (different drawn lines for compatibility and incompatibility); 4. The identification of substance user/ abstinent status (different coloured dots placed on the map to designate using status) of each member of the group.

Workshop 2: Participative Evaluation workshops (n=5 x 2)

Second, a Participative Evaluation Activity (PEA) (Reason and Bradbury 2001) was designed in a workshop format at base-line and follow-up in order to facilitate researcher access to the meanings that lie behind group assessments, collective judgements and normative understandings (Bloor et al. 2001) which often may reveal 'how opinions are created and above all changed' (Flick 2002, p 119). PEA workshops were conducted at each of the 5 delivery sites in a veteran group setting, at both base-line and follow-up data collection time points. At base-line, two different PEA workshops were designed, as follows:

The base-line PEA workshop focussed on gathering veteran cohort group data to identify what priorities for living a fulfilling life they felt the Right Turn project could help them achieve.

The follow-up PEA workshop began with the presentation of the base-line PEA data analysis back to the group. The veteran groups were subsequently asked to assess the performance of the Right Turn project against the priorities they had identified in the PEA base-line activity.

Workshop 3: Asset-based Community Development workshops (n=5)

Finally, an Asset Based Community Development workshop was designed, driven by a mapping exercise that took the form of researcher led workshops that took place across the five Right Turn project delivery areas. Four of the five mapping workshops took place during area Armed Forces Covenant meetings. Chesterfield does not currently hold formal Armed Forces Covenant group meetings, therefore this mapping activity took place during an Armed Forces and Veterans' Hub activity at a local football ground. While every Local Authority in mainland Britain has signed a 'Community Covenant Partnership'³¹ (Gov.uk 2016), different areas have employed different models to address the needs of their Armed Forces Community (Forces in Mind Trust and Local Government Association 2016).

³¹ The principals of the Armed Forces Covenant became enshrined within the Armed Forces Act 2011 setting out the relationship between UK society and those that are serving or have served in the UK armed forces.

2.7.4 Longitudinal telephone interviews with veterans (n=10)

As part of the evaluation design, a semi-structured longitudinal interview schedule was designed. This interview schedule focussed on ascertaining any longer term impacts of project engagement on a smaller sample of veterans engaging with the evaluation. The schedule included generating data regarding any changes since follow-up, such as: reflections on project engagement profile; Recovery status and CJS contact; reflections on any identity changes; social network and relationship progression; mental and physical health status; Engagement in employment/ meaningful activities; and Housing status.

2.7.5 Secondary data comparative group data analysis

A quantitative only secondary data set from Addaction's National data team was agreed to include in the evaluation activities for comparative analysis. This involved a quantitative retrospective analysis of secondary data to be taken from 3 separate groups from Addaction's Treatment Outcomes Profile (TOP) data forms and Client Management Case-file data. The three separate anonymous populations are:

1. Right Turn veteran participants (n=49)
2. A General Veteran group - i.e. Non-Right Turn Veterans (n=111) and
3. A matched sample (General treatment group) of non-veterans drawn from the same sites as the Right Turn veteran participant sample included in the primary data collection section (n=80).

Additional data tools designed, please see section 2.8 of the main text of this report for clarification.

2.8 Individual veteran completion surveys

Concerns regarding the complete lack of base-line participants from the two nominated sites from the South and South West region were reported to the Right Turn evaluation Steering Group meeting membership. The evaluation Steering Group³² agreed to the original veteran sample originating from the South and South West to be replaced through re-recruiting to base-line activities from North sites and requested that two additional surveys were designed to ensure veterans from the South and South West delivery sites were given the opportunity to contribute to the evaluation. The two additionally requested surveys were designed to serve different purposes detailed below:

South and South West 'non-engagers survey'

A two page survey was designed as requested to ascertain reasons for the large numbers of veterans who, despite signing up to the Right Turn project, had not engaged in the South and South West region meetings. This mixed methods survey focussed on ascertaining any apparent regional barriers to attendance of the Right Turn project, and included both open text and closed question required sections. Twenty copies of this survey were delivered to the South site Co-ordinator, who agreed to dissemination to the non-engaging veterans on their lists.

Right Turn 2016 'project starter stand-alone survey'

A short self-completion survey and Right Turn site lead guidance notes were designed as requested to be completed by any new veteran engaging in the Right Turn project (both South and South West

³² Meets quarterly and includes representatives from Forces in Mind Trust, the National Addaction team and Right Turn's North and South Co-ordinators and Sheffield Hallam evaluation team's Project Manager and Project Director.

and North sites) after 2015 evaluation base-line data collection activities had been completed. The guidance notes were developed to enable Right Turn site leads to facilitate survey completion during their Right Turn weekly sessions. This survey was based on the mixed methods Right Turn evaluation survey detailed in section 1.7.1 above- but amended to be stand-alone- not an attempt at repeat measures data. Twenty copies of this survey were delivered to each of the nominated site leads from the South and South West and North sites.

Appendix 3: References

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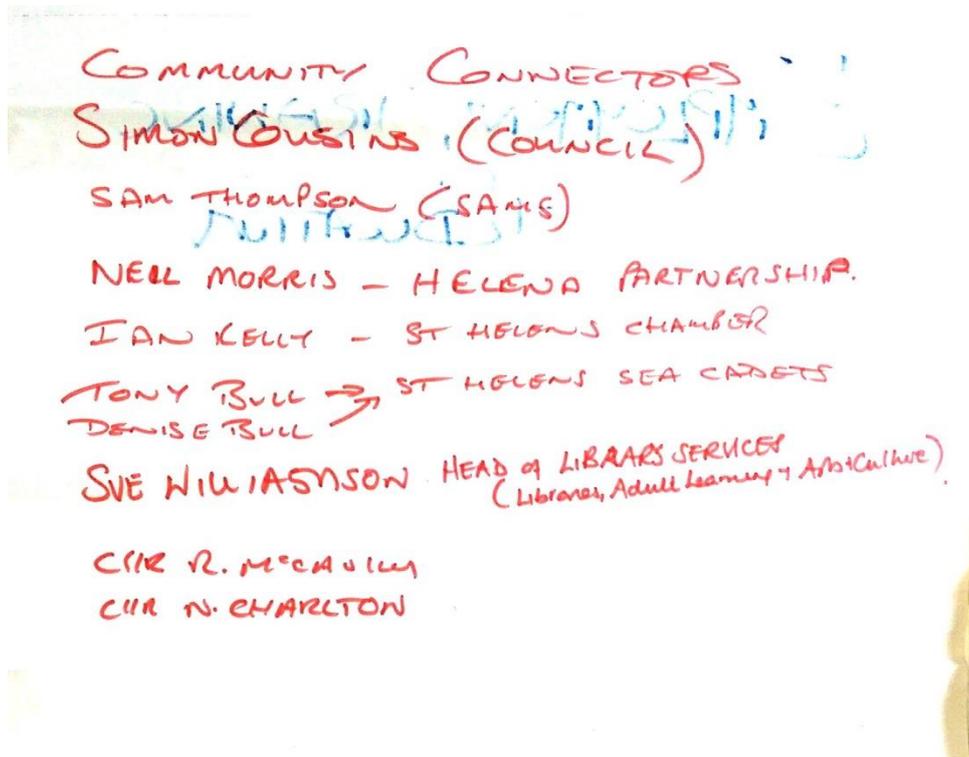
Appendix 4: Examples of ABCD mapping data

Example 1: Employment, Education and Training links activity

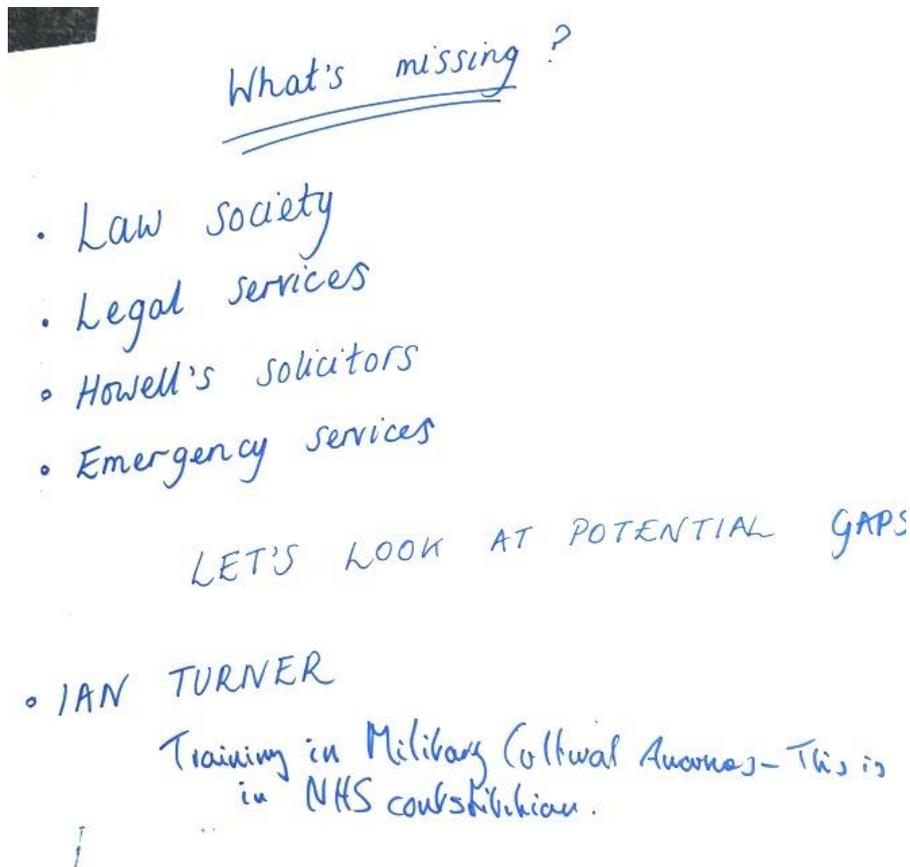
① EMPLOYMENT, EDUCATION & TRAINING

- GOALS
- RBLI - LESLEY JANE HOOT
- REMPLOY - ALEX LEONARD
- RFEA - DAVE HILTON
- WWTW - HEATHER SAUNDERS
- POPPY FACTORY - GILES HARRISON
- CIVVY STREET -
- STEP INTO HEALTH - TOM EVANS
- JCP - ANDY GOODISON
- X-FORCES - REN KAPUR
- SOCIAL MEDIA i.e FACEBOOK/TWITTER
- SALVE MY JOB - ANDREW JACKSON

Example 2: Community Connectors identification



Example 3: Agencies/ areas to assertive link with:



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Hallam
University**

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Centre for
International Justice

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